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| | 1 - | STATE REGISTRAR | | DELAKI | | ICATE OF DEATH | | | | |
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| 3 | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF | | IG HOME O | OR OTHER INSTITUTION | 120. USUAL OCCUPAT | ION | 12b. KIND O | F BUSINESS OR |
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| | 14. FA | THER'S NAME | WIDDLE | LAST | | 15. MOTHER'S MAIDEN NAM | ME MIDDLE | | LAS | |
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| 1 | | VAS DECEASED EVER IN U.S. AF | RMED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDR | | | |
| | | No No | VE WAR OR DATES | 159-07-7 | 7409 | George F. We | hr Same | as #13. | | |
| | | 18 CAUSE OF DEATH (Enter or | nly one cause per | line for (a), (b), and | d (c).) | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | | PART 1. DEATH WAS CAUSE IMMEDIA | TE CAUSE (a) | Congesti | UE 1 | TEART FAILUR | e è | | | |
| - | | 4293 | DUE TO, O | R AS A CONSEQUE | NCE OF | | | - | | |
| | | Canditions, if any, which | (b)_ | ALTERIO | SCLERO | TIC CARDIO . | VASCULAR (|)ISEASE | | |
| | | gave rise to immediate couse (a), stating the | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | |
| | | underlying couse last | (lc) | | | | | ्रंका १ | | |
| | 2 | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVE | N IN PART 10 | I I |
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| 7 | FICA | 190. DATE OF OPERATION | 1 190 COND | FION FOR WHICH | OPERATIO | IN WAS HERFORMED | 200 AUTOPSY? | IN CERTIFY | WERE FINDIN | OF DEATH? |
| | CERTIFICATION | 71g. ACCIDENT WAS UNDERLYING | 7 21b. TIME C | F IN ILIRY | -44 | 21c. HOW INJURY OCCURR | YES NO | YES | | NO [] |
| 1 | | OR CONTRIBUTING CAUSE OF DE | ATH HOUR A. | M. MONTH DA | | The HOW HAJORI OCCORR | LED LEWISK NATURE OF INJU | RT IN HEM IB PAI | RI I OR PARI 2) | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED | P. PLACE | M. OF INJURY | 19 | 211. LOCATION | | | | |
| | ME | WHILE NOT WHILE AT WORK | | REET, FACTORY, OFFICE, F | ARM, ETC) | STREET | CITY OR TO | WN | COUNTY | STATE |
| | | 22a. I certify that Withis hosp | ital) ottended th | e deceased from | 14 | MARCET 10 81 | 10 29 FIA | neir 1 | 0 P/ | that of (we) lost |
| | | saw the deceased alive ar | 29 MA | Rest 19 8 | 1 ,0 | nd that in (pay') (our) opinion o | death occurred on the d | ate and hour | | |
| | | 22b. SIGNATURE | or view the body | after death. | | DEGREE | | | 22c. DATE | SIGNED |
| | | (cine | 1. 6 | A | MD. | ATTENDING PHYSICIAN | MEDICAL STA | | 29 | HARCH 87 |
| - | | 22d. PHYSICIAN'S NAME ITTH | OR PRINT) | | | 22e. ADDRESS | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| 1 | | George Smit | th, Jr. | , M.D. | | Frederick, | Maryland | | | |
| | | URIAL, CREMATION, REMOVAL | | | NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | COUNTY | 67.455 |
| | Bi | specify) uria1 | Apr. 2. | 1981 Dr | mid F | Ridge Cemetery | Pikesvi | lle F | Balto. | Md STATE |

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| avol | | 18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | one couse per line for (a), (b), and (c).) BY | in the | 18 P | BETWEEN | ONSET AND DEATH |
| rem | | 11 AG IMMEDIATE | CAUSE (O) CALL CALL | nona of un | and mark of | why muse | ese In |
| n, or mati | | 1621 | DUE TO, OR AS A CONSEQUENCE OF | | | 5.44 DXB | |
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| 2 7 | CERTIFICATION | 198 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE FINDI | NGS LISED |
| ws d | E SE | | | | E-9-27-7-1-5 | IN CERTIFYING CAUSES | OF DEATH? |
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| n 18 sh | | OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. MONTH DAY YEAR | THE PLANT OF THE PARTY OF THE P | ENTER NATURE OF INJU | NI POLICE TO PART TORPART 2) | |
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| sed or | ME | WHILE NOT WHILE AT WORK AT WORK | (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | STREET | CITY OR TO | WN COUNTY | STATE |
| HOL | | 220.1 certify that (I) (this hospital | nttended the deceased from | 1060 | 10 7-37 | 1- 10 01 | that (I) (we) los |
| 12. | | sow the deceased alive on above, (1) (we) (did) (did not) | | d that in (my) (aur) opinion de | eath accurred on the de | ote and hour and from the | (() |
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| by filled | | rederick | Frederick Memo | rial Hospital | Section Chief | Magazine Pub. |
| MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill | 13a. S | AL RESIDENCE (IF NURSING HOME OR OTH TATE 13b. COUNTY | HER INSTITUTION, GIVE RESIDENCE BEFORE | | 13e STREET ADDRESS | TO A CONTRACTOR |
| AND 2 n 24 h n 24 h hould b | | ryland Frede | rick Frederi | | 160D Willowdale | Drive |
| withii withii d 2 s | 14. FA | THER'S NAME | t mobile | 15. MOTHER'S MAIDEN NA | WE | LAST |
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| DIVISI DING P or after th After the se os the marked | 1 | 22a I certify that (I) (this hospital) | attended the deceased from | 19 8/ | 10 3/2/ | 19 8 , that (1) (60 Tost |
| ATTENDIN Septral or c ECTOR: Aft of for use os t, of Heelth m 21 is mor | | saw the deceased alive an | 3/2/ | \$1, and that in (my) (our) opinion | death occurred on the date and hou | |
| A S U D . E | | obove, (I) (we) (did) (did not) v 22b. SIGNATURE | lew the body after death. | DEGREE | | 22c. DATE SIGNED |
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| by the by the YERAL JERAL State I State I ANT: H | 1 | 22d. PHYSICIAN'S NAME (TYPE OR PR | | 22e ADDRESS | Z DIRECTOR THIS ICIAN T | 1 3/2/10/ |
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| 5 6 5 8 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | 23a. E | URIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | 278 IOCATION | |
| BP | | Specify) Burial | , , | ge Hill Cemetery | CITY OR TOWN | Jeff. W. Va. |
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| (VRA 15, 4) | F | obert L. Spencer | | | D 2.6 1001 | then it |
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a, 1 A Trederich County, Traderick Froderick Veresjal Henrical | Santjen Chief | Newton Pole Maryland Sederick Proderick x 1607 Allowing barlyne 1544-155-10 Sept. wit y 3/45/31 under Hill Cometery Charles Torn, Jeff., 4. Ta. cocerci. Seencer - Marcari Porry, H. 25625 1 Mgg

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO REGISTRAR L DECEASED NAME DAY 7h HOUR 20. DATE KNOWN MONTH LITYPE OR PRINTS 3/17/81, DEATH MATED EARL. V. CROSS 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 4 RACE DATE OF BIRTH DATE DAY YEAR LAST BIRTHDAY) PRONOUNCED DEAD 2/14/03 78 3/17/81 Male Cauc. 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED TO DIVORCED West Virginia USA Frederick 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY 107 E. Main Street Thurmont Salesman None USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 1136 COUNTY 13c. CITY OR TOWN 107 E. Main Street Maryland Frederick Thurmont YES SE NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Clemma Lonstreth Aaron B. Cross 16b. SOCIAL SECURITY NO. 17. INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 4801 West St. Space#70 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 190-07-2352 Mrs. Jean Wohlschlog Santa Ana, Calif 18. CAUSE OF DEATH (Enter only one cause per line fag (a), (b), and (c). PART I DEATH WAS CAUSED BY: Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 In CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO K 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 3 SHOULE DEPARTME UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f. LOCATION AT WORK AT WHILE TY OR TOWN STATE STREET COUNTY STREET, FACTORY, FARM, ETC.) 220. I certify that I taak charge of the remains and ribed above, held an Autopsy Inspection Inquiry and in my apinian Hamicide Undetermined manner death resulted frag 3-19-81 TITLE (SPECIFY) MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Robert J. Thomas M.E. 822 Toll House Ave. Frederick, Md. ADDRESS 23r. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL Blue Ridge Cemetery Thurmont, Frederick, Md. Burial BP 615 E. Main St. **DHMH** - 17 (VR A15 ME (5)) Dailey Thurmont, Maryland 21788 15M 7/76

to the state. TABLE . Show all the second secon Call District Average Manager Call Committee Deletery Call Charlett, articles, J. L. n bert is nearly grant and seed and an analysis

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(VRA 15, 4) 1/79

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 28 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT GRACE BELLE MARCH CUTSAIL 1981 3 SEX 4 RACE 5 DATE OF BIRTH AGE | IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH HOURS January 2, 1892 Female White TE BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U. S. A. Frederick Maryland WIDOWED DIVORCED X ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Frederick Frederick Nursing Center ales Person Sears Roebuck JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 130 STREET ADDRESS 134. INSIDE CITY LIMITS? rederick Marvland rederick YES T 108 North Bentz Street NO T 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Cutsai 1 James H. Lvdia Kanode 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Mt. Airy, Md. [YES, NO OR UNKNOWN] 217 10 9123 A Mrs. Elaine G. Godsey, 10318 Old National Pike No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY Arveit cardiac IMMEDIATE CAUSE 10)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause to , stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [YES [218 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED | JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21a PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.I NOT WHILE AT WORK 220 I certify that (1) (thusbospetal) attended the deceased from saw the deceased alive an_ and that in (my) (aux) apinian death accurred an the date and hour and from the causes stated above, (1) (we+(did) (did nat) view the bady after death.

226 SIGNATURE-DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF March 9,1981 PHYSICIAN TORECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 300 Park Avenue, Frederick, Maryland James A. Frizell. M. D. 23¢ NAME OF CEMETERY OR CREMATORY 23e BURIAL, CREMATION, REMOVAL Burial 1981 Mt. Olivet Cemetery-Frederick Frederick

Smirting Table ley, Keeney & Basford Funeral Home 154 DATE LECTO. LY REGISTRAR 256 REGISTRAR'S SIGNATURE 106 East Church Street, Frederick, Maryland

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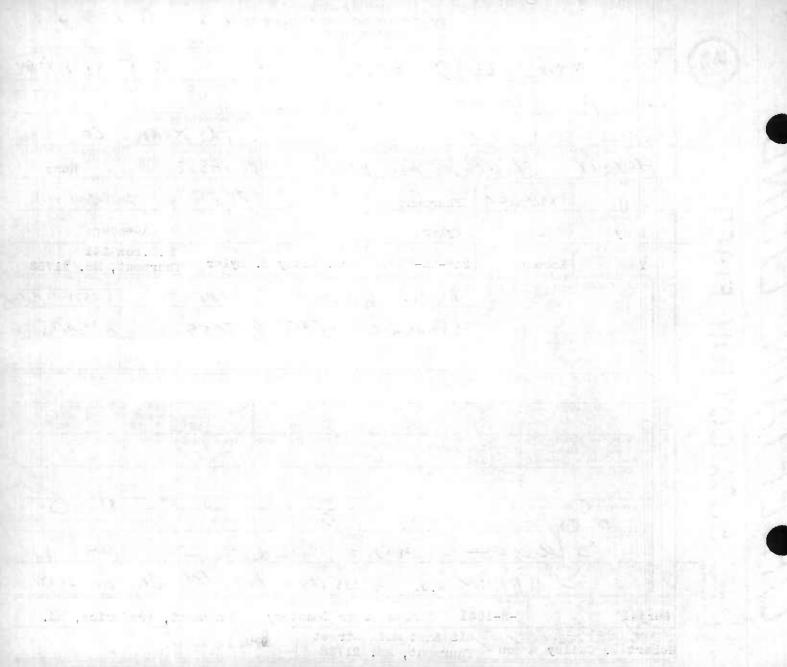
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| | 3. SE) | | RACE | 5. DATE OF BIRTH | YEAR | 6. AGE IIN YEAR LAST BIRTHDAY | S IF UN | DER 1 YR. | IF UNDER | 24 HRS. 2t. | DATE | ٨ | MONTH | DAY | YEAR | 2d HOUR 6:15 |
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| 5 | 13a. S | TATE Arvlan | 13b. COUN' | or other institution. TY derick | 13c. CIT | e BEFORE ADMISSION OR TOWN ederic | | 13d INSIDE CI | ITY LIMITS? | 13e. STREET | ADDRESS | Bal | +im | 020 | D4 | - |
| - | | THER'S NAME | 41110 | | 1 - 1 | | | | R'S MAIDE | | | | PTIII | | | |
| 0 | | Robert | | William | | Diggs | | F | earl | | Eliz | abet! | h | | rse' | y |
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| EWA | Z | PART 2 OTHER SIGN | FICANT CONDITIONS | CONTRIBUTING TO OF AT | N DUT NOT REL | ATEO TO THE TERMIN | AL OISEASE | OR CONDITION | N GIVEN IN PAR | tī 1+a. | n x | | | | | |
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| 1 | | , death resulted | from: Natur | ol couses , | Accident | , Suic | ide K | Hamic | PECIFY) | Undeterm | ned manne | er 🔲, | | | | |
| RE, M | | ACTUAL SIGNATURE | M | SOLX | 1 | _ | M. | , | | MEDICA | L EXAMINE | R | DATE SIGNE | _D 3- | -28-8 | 1 |
| BAITIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | itur . | EXAMINER'S NA (TYPE OR PRINT | ME An | n M. Wix | on, M | .D. | | ADDRESS_ | 11 | 1 Penn | St. | | | | | |
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| | | UNERAL DIRECTO | | 1.71 | | | | | 25a. DATE R | EC'D. BY REC | GISTRAR 2 | Sh A GISTI | | | | |
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| a (M) | | OR PRINTS | L LLOYE |) EYL | .CR | 20. DATE OF DEATH MONTH | 5 8 1 1 42 AM |
| ge 4 moy | 3 SE | ale M | Caucasires | S. DATE | DF BIRTH DAY YEAR 24 24 | 6 AGE (IN YEARS LAST BIRTHDAY) 5 4 YRS | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| nerol di | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT CO | OUNTRY? 8. MARRIE | DENEVER MARRIED | 9. BALTIMORE CITY OR COUNT | |
| s offer d | 10. C | FLEDGRICK | | , NURSING HOME (| HOSP | 12d USUAL OCCUPATION Type of work for most of working to | 12b. KIND OF BUSINESS OR INDUSTRY None |
| filled in ould be t | 13a | AL RESIDENCE (IF NURSING HOME OF ATE 131 COU | R OTHER INSTITUTION, GIVE RESIDE | | 13d. INSIDE CITY LIMITS? YES NO | 13. STREET ADDRESS 241 | PHURMONT MD |
| mpletely ond 2 sh | 14. FA | THER'S NAME Lloyd A | llen Eyl | Last er | 15. MOTHER'S MAIDEN NAM | A . 100 TO A | lenour LAST |
| iote be executed ysicion and comp ppers. Pages 1 on vol. 1, the medicol | 16a V | VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) LIE YES, GI Yes Kore | VE WAR OR DATES) | 11AL SECURITY NO. -22-9704 | Mrs. Betty S | ADDREP O.E. | Box 241 ont, Md. 21788 |
| rificate la physicia on papers emovol. | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE) | nly one couse per line for (o ED BY: TE CAUSE (a) | O), (b), and (c).) | 1/Ocano)m | INFARCT | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH INSTRACT AUXI |
| deoth ce ottending ove carbo fion, or a | 1 | Conditions, if ony, which | DUE TO, OR AS A C | ONSEQUENCE OF CHEMIC | HEART | DISEASE | 2 YEARS |
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| quires t signed Then ple to burio | N O | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUT | TING TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GI | VEN IN PART 1(a) |
| ne low re on. has been permit permit | CERTIFICATION | 19a. DATE OF OPERATION | 19b. CONDITION FO | R WHICH OPERATIO | N WAS PERFORMED | IN CERTI | S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \) |
| CIAN: TI 3 physics 3 physics entificate ial-tronsit and Hygi em 18 sh | R . | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. MOI | NTH DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER HATURE OF INJURY IN ITEM 18 | PART (OR PART 2) |
| DING PHYSI or attending After this ce e as the burn alth and Mee | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJUR | Υ | 21f. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| TTENDIN outon or of TOR: Aft for use os of Health | | 27a I certify that this hosp saw the deceased alive or above (we) did did no | | | nd that in (m) (our) opinion | death accurred on the date and ha | 19, that (i) (we) last ur and from the causes stated |
| OR A hosp | | 22b. SIGNATURE | of) view the bady after dea | nD. | DEGREE ATTENDING | MEDICAL STAFF DIRECTOR PHYSICIAN | 220. DATE SIGNED |
| TO HOSPITAL cetained by the TO FUNERAL (should be detown) with the State (IMPORTANT). | 10 | 22d. PHYSICIAN'S NAME TYPE | 10000 | M.D. | 220. ADDRESS 335 CHRCK | | |
| BP | A 15000 | BURIAL, CREMATION, REMOVAL | | 23c. NAME OF | EMETERY OR CREMATORY idge Cemetery | 23d LOCATION | ederick, Md. |
| DHMH-16 30M 2/80 (VRA 15, 4) | 301 | pert E. Dailey | | East Main | Street 25a. DAI | REC'D BY REGISTRAR 25b. REGIS | TRAR'S SIGNATURE |



STATE OF MARYLAND

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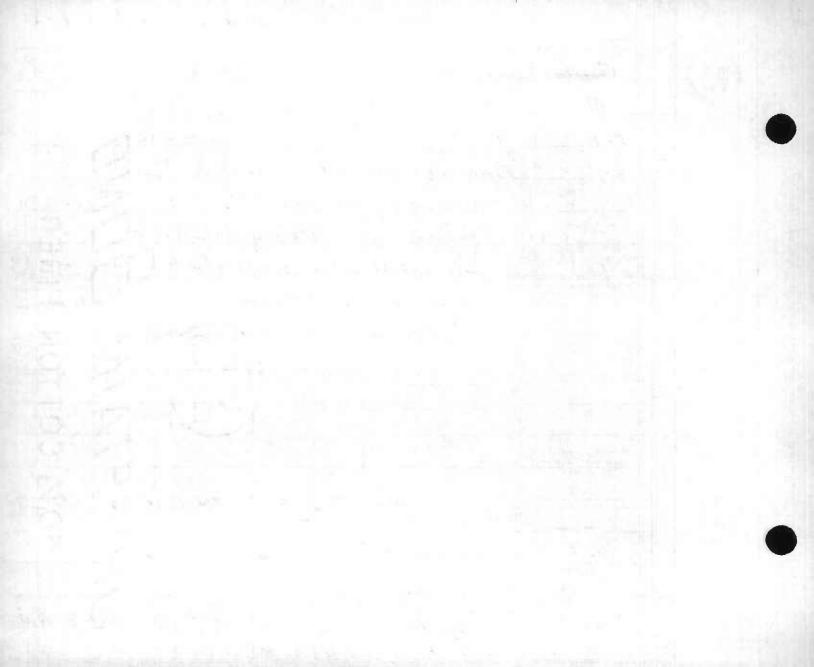
| | 1. | FOR - STATE REGISTRAR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | GIENE 8 | 0 7 3 | 6 9 | | |
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| or me to | 10 C | Trederick | 11. NAME OF HOSPITAL, NURS IN FIGURE STREET FREE TICK MEN | NG HOME OR OTHER INSTITUTION ADDRESS ADDRESS ADDRESS ADDRESS | 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR COnst. Sup | RKING LIFE) INDUSTRY | MD OF BUSINESS OR t. Co. | | |
| ou and plan and and and and and and and and and a | 13a S | STATE 1136 COUP | OTHER INSTITUTION, GIVE RESIDENCE BEFOR | E ADMISSION) /N 13d. INSIDE CITY LIMITS? | STREET ADDRESS 817-A NO | | et St. | | |
| completely fill. | 14 F/ | ATHER'S NAME | MIDDLE LAST | is MOTHER'S MAIDEN NA | ME | Воуї | | | |
| and ages | | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) INFYES, GIV YES WI | MED FORCES? 166 SOCIAL SECULAR SOCIA | -1169 Market St | reine P. Fin | k, 817-A | North | | |
| w requires that the death certificate in signed by the attending physician hen please remove carbon papers. Proburial, cremation, or removal. In yinjury, or other traumatic event, | NO | PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c) | ence of | | | WATE INTERVAL ONSET AND DEATH | | |
| N. The lav | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | | IF YES, WERE FINDIN CERTIFYING CAUSES YES | | | |
| ENDING PHYSICIAN: 7 attending physician. PR: After this certificate as the burial-transit perell and Mental Hygien is marked or Item 18 sh | _ | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL | | AY YEAR | RED (ENTER NATURE OF INJURY IN I | TEM 18, PART 1 OR PART 2 | | | |
| DING PH ttending I After thi S the buri th and M marked o | MEDICAL | 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | PARM, ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE | | |
| DIRECTO hed for us Dept. of H | | | tal) attended the beceased from 19 11 view the bady after death. | , and that in (my) (or) apinion DEGREE ATTENDING | death occurred an the date a MEDICAL STAFF DIRECTOR PHYSICIAN | and hour and from the | | | |
| HOSPIT ined by FUNER, aid be de the Sta | | 226 PHYSICIAN'S NAME (TYPE OF Dr. Philip | Shapiro M.D. | 22e ADDRESS | House Ave., | | . 2170 | | |
| Bb Teta | 23a (| BURIAL, CREMATION, REMOVAL SPECIFY) Burial | | NAME OF CEMETERY OR CREMATORY Mt.Olivet Cem. | 23d LOCATION CITY OR TOWN Frederic | county k Freder | STATE | | |
| DHMH-16 25M (VRA 15, 4) 1/79 | 24.5° | Mith Fadeley 06 E. Church | | nd Fun exp 1 Home | IAR 23 1981 | REGISTRAR'S SIGNAT | URE Crossey | | |

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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| direct hours | | M | Newro | 3 10 03 | 78 YRS | |
| 2 hour | | OUNTRY) (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? 8. | RRIED X NEVER MARRIED | 9. BALTIMORE CITY OR COUN | 11 |
| 35 | | mg. | U.S.A. WIDO | OWED DIVORCED | -KEDERIC | 1110. |
| tified | 10.51 | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HO | ME OR OTHER INSTITUTION | (Type OF WORK FOR MOST OF WORKING | 12b. KIND OF BUSINESS OR INDUSTRY |
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| and be | 13a. S | TATE 136 COU | CEYICK MT, AIVI | 13d. INSIDE CITY LIMITS? | 130. STREET ADDRESS Pen | 2 Shop, Rd |
| Sur Land | 14 FA | THER'S NAME FIRST | MIDDLE CY LAST | 15 MOTHER'S MAIDEN NA | ME MIDDLE / | LAST |
| 600 | | JOH | N (SAITHER | DAIS | 4 WALLACE | |
| medical | 16a V | | RMED FORCES? 166. SOCIAL SECURITY N | 66 Ethel GA | ther (wite) | Same As #13 |
| the | | 18. CAUSE OF DEATH (Enter of | anly one cause per line lor (a), (b), and (c).) | o i A i i i i i i i i i i i i i i i i i | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| Shows Swarz | F | 7 | | | YES NOTE IN CER | TIFYING CAUSES OF DEATH? YES NO |
| or Hem 18 sho | W W | 21a. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MONTH DAY YI | 21c. HOW INJURY OCCUP | RED (ENTER NATURE OF INJURY IN ITEM) | 8, PART 1 OR PART 2) |
| em | IA. | OR CONTRIBUTING CAUSE OF D | LAIN . | 19 | | |
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| morked or Hem | Σ | WHILE NOT WHILE AT WORK | TATIONE STREET, FACIONE, OFFICE, FAMILEI | | | |
| om si | | 22a. I certify that (1) (this has | | such 19 , 1981 | to march 21 | , 19 5 , thot (1) (\underline \underline \u |
| 21 | | saw the deceased office of | on March 20 19 8/ | _, and that in (my) (***) opinion | deoth occurred an the dote and h | our and fram the couses stated |
| He H | | 226. SIGNATURE | | DEGREE | | 22c. DATE SIGNED |
| | | Muliac | C. S. Rudman 1 | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | |
| AA | | 22d. PHYSICIAN'S NAME (TYPE | | 22e ADDRESS | | |
| MPORTANT | | MICHARL | S. RUDMAN MD | | | |
| IMPORTANT: # | | BURIAL, CREMATION, REMOVA | AL 236. DATE 234 NAME | OF CEMETERY OR CREMATORY | 23d. LOCATION | could / sifter 1 |
| | | BURIAL | 3-25-81 Lune | oln PArk Cen | 1. Kockville | Monty Mid |
| A 2/80 | 24 5 | NERAL DIRECTOR | 1 246 N.W | 15h, ST. 250. DA | TE REC'D, BY REGISTRAR 256. REG | ISTRAR'S SIGNATURE |
| , | 10 | eorge R. Sn. | OWDEN ROCKUITE | Md. 20850 | AR 2 6 1981 | The state of the s |



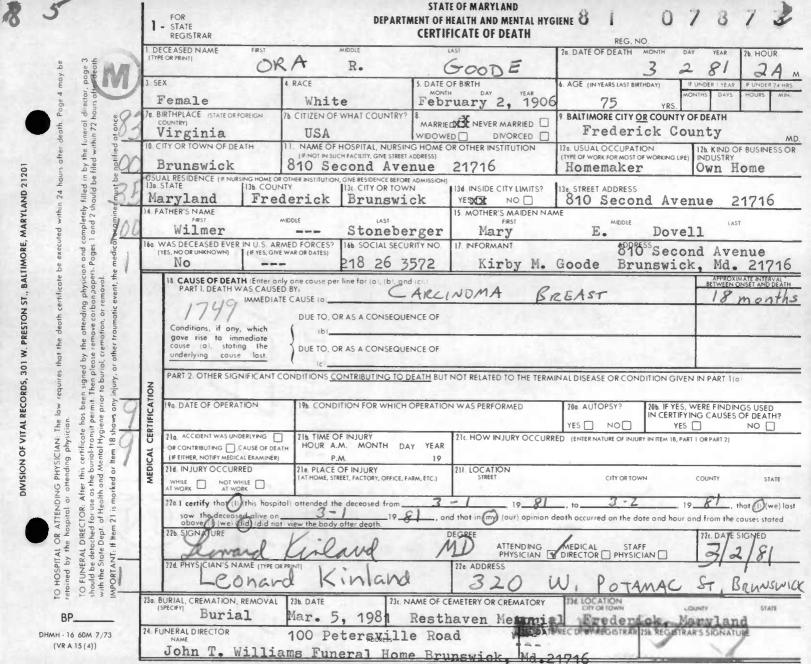
Frederick, Md. 21701

(VRA 15, 4) 1/79

106 East Church Street

STATE OF MARYLAND

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| | 1 | FOR - STATE REGISTRAR | | DEPARTMENT OF | TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH | IENB REG. NO | 0787 | 4 |
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| 2 (33) | (17) | ECEASED NAME APRIST | Eliza | beth | Green | 20. DATE OF DEATH | 3/16/81 | 26 HOUR 9 30 |
| Poge 4 moy director of every hours of every ever | 3 S | EXFemale | 'White | 5 DATE | 9 23 01 | 6. AGE (IN YEARS LAST BIRTH | | IF UNDER 24 HI HOURS MIN |
| Juneral dir | 5 | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT C | MARRI | | Frederi | CK CK | |
| by the fu | 4 | Frederick | "Treder" | ick Memo | or other institution rial Hospita | 120 USUAL OCCUPATION | WORKING LIFE) 12b. KIND OF INDUSTRY | BUSINESS O |
| AND 213 | S門 | | | DENCE BEFORE ADMISSION | YES NO TO | 13°11'57'Po | well Rd. | |
| E, MARYLA completely 1 and 2 sh | C 14 F | MarinJacob | ~ Hinea | Gaugh | IS MOTHER'S MAIDEN NAMED IN THE PROPERTY OF TH | Flor | | wers |
| FIMORE, M. | 160 | WAS DECEASED EVER IN U.S. AI | | 4-10-126 | Clifford | Green Th | urmont, Md | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours of the contending physician. After this certificate has been signed by the ottending physician and completely filled in by as the bund-stronsh permit. Then please remove corbon papers. Pages 1 and 2 should be filled than and Mental Hygiene prior to buriol, cremotion, or removal. | | Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost | DUE TO, OR AS A C | CONSEQUENCE OF | | | | Des/ |
| TAL RECORDS, 5 The low require icion. te hos been signite hos been signified permit. Then grish permit is shows ony injury, | CERTIFICATION | 190 DATE OF OPERATION | | CHOLECY OR WHICH OPERATION | ON WAS PERFORMED | PRATIVE ART 200 AUTOPSY? YES NOW | 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES | S USED |
| DIVISION OF VITAL RECOI | MEDICAL CE | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK | P.M. | ONTH DAY YEAR | 211 LOCATION STREET | RED LENTER NATURE OF INJURY | | STATE |
| TENDI or IOR: A or USE of Heal | | 220. I certify that (I) (this hosp sow the decased give or obove. (I) (we) (did) (did not see that the decased give or obove. | ital) attended the decea | oth | nd that in (my) (pdr) opinion of DEGREE | deoth occurred on the do | te and hour and from the co | IGNED |
| TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECT should be detoched if with the Stote Dept. | 230 | 22d. PHYSICIAN'S NAME (TYPE OF | STONER, | 23c NAME OF | 22e ADDRESS WALKERS V | 12LE, Md | 21793 | |
| BP | | BURIAL, CREMATION, REMOVAL BURIAL UNERAL DIRECTOR | | Utica | Cemetery | Utica | Frederick Sb. REGISTRAR'S SIGNATURE | Må. |
| DHMH - 16 60M 1/75 (VR A 15 (4)) | | G. Douglas S | tauffer | Poess 10 Fr | 1 | 24 1981 | estay/order | |

The relation to the land the land to the l reday of series erorial organisms. urseless andane cardenic Paus ors a 11/27 caril 40. sas o soll trimma 0 24-19-123 1200 000 000, 000 .b 'slec' to to 'to ca to sater to 'to a later

he always allegale Trederick Trederick Terorial consider or existe the relation avirt hoomed is a selevantial introduced biretyes orient en'restet caires caires calract no Come Carlo Carl Stinting Peterson Jan Delication (OR) To be a series of the latest the series of the in . Der met dragti etaleand anniel it . IRC'E.

800 Motter Avenue LAST KRISE Helen Solt. 903 Seminole Rd. Frederick. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES M 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (and) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED March 23, 1981 PHYSICIAN TO DIRECTOR PHYSICIAN 4 West SeventhSt. Frederick. Maryland Frederick Md. BY RES STRAR 255. REGISTRAR'S SIGNATURE Bassord Funeral Hone 25m. Chillet Keenev & DHMH-16 25M 106 East Church Street, Frederick, Maryland (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

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REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2) HOUR 4:30

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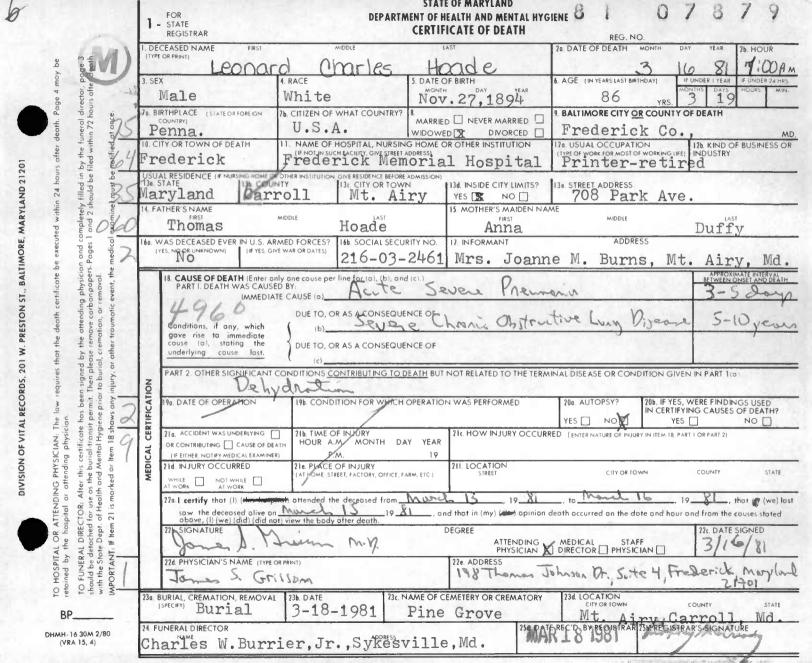
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| 16 | 1- | FOR STATE | DEPARTMENT OF HEALTH AND MENTAL HY | |
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| 英英拉斯斯 | | REGISTRAR ECEASED NAME PE OR PRINT) DON | MEDICAL EXAMINER'S CERTIFICATE OF ADDRESS AND HERSH BERCE. | 20. DATE KNOWN A MONTH DAY YEAR 26. HOUR |
| Power Park | 1.58 | M | 5 4 3KA 38 YRS. | PRONOUNCED 3 7 81 1230 |
| • 100 b | FC | RETAINED IND. | U.S.A. **MARRIED ** NEVER MARRIED UDVORCED DIVORCED | Frederick County |
| A STANTANTON | E | ITY OR TOWN OF DEATH Immitsburg | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10025 South Seton Ave. OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 120 USUAL OCCUPATION (TYPE OF WORK POR MOST OF WORKING LIFE) Student 12b. KIND OF BUSINESS OR INDUSTRY Gov!t. |
| PE ANY DE L'ANY DE L'ANY DE L'ANY DE L'AND THE L'ANY DE L | N€ | STATE 136 COUNT | lillo Albuguerque 134.) ISIDE (ITY LIMITS2 | 828 59th Street N.W. |
| A CANAL MO | 14. F. | Victor | Hershberger 15. MOTHER'S MAIDEN | man (Xakappar) |
| BALTIMORE, URS AFTER DE 3. GIVE PAGE WITH FORM PAGES 1. | Ye | | акоголієя) 308-144-8677 Mrs. Marty | ADDRESS 828 59th St. NW Iris Hershberger Albq., N.M. |
| 301 W. PRESTON ST., CUTED WITHIN 24 HOL IN PENCIL IN ITEM 18 L EXAMINER ALONG V RIAL-TRANSIT PERMIT. ID MENTAL HYGIENE, E. J., OR REMOVAL. | | Canditions, if ony, which gave rise to immediate cause (o) stating the <u>underlying cause lost</u> . | | DIS PROSMATE INTERVAL BETWEEN ONSET AND DEATH 1 (a). |
| DIVISION OF VITAL RECORDS, 3C S CERTIFICATE SHOULD BE EXECU RITING THE WORD "PENDING" IN RDED TO THE CHIEF MEDICAL E E 3 SHOULD BE USED AS A BURR E DEPARTMENT OF HEALTH AND PRIOR TO BURRAL, CREMATION, O | CERTIFICATION | 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20. AUTOPSY? YES NO |
| ISION OF VITA ISION OF VITA NG THE WORD D TO THE CH SHOULD BE U PRATMENT OF | MEDICAL CERT | 21d. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D | HOUR A.M. MONTH DAY YEAR | (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) |
| WAI WAI | MED | WHILE NOT WHILE AT WORK | of the remains described above, held an Autapsy , Inspection | CITY OR TOWN COUNTY STATE |
| MEDICAL EXAMINER: 1 ECUTE THE CERTIFICATE, GE 4 SHOULD BE FORV FROME OF FORV FROME OF FORV ALTER DEATH, WITH THE ST | | | Couses , Accident , Suicide , Homicide , TITLE (SPECIFY) M.D. Deputy | Undetermined manner [], 15 West 774 Street DATE 3/7/8/ MEDICAL EXAMINER SIGNED 3/7/8/ 12 Toll House Ave. |
| TO MED EXECUTE PAGE 4 TO FUN AFTER D | 22-6 | (TYPE OR PRINT) ROBURIAL CREMATION REMOVAL 2: | pert J. Thomas, M.D. ADDRESS F | rederick, Md. 21701 |
| BP | R | SPECIFY) | March12,81 Sunset Memorial Park | Albuquerque Bernalille N. M. |
| DHMH - 17 (VR A15 ME (5)) 15M 7/76 | S | kiles Funeral Ho | me Emmitsburg, MD 21727 | 170 1301 |

Day of the party o . The control of the The state of the same of the s .. Hard Harden and Tare and Tare 12 AND THE RESERVE NAME OF THE PARTY OF THE PAR is gravel- never to menuly, a sense to be reside the control of grave the lightest to the control of the contro



part distribution in Montes a. resider, on, when it herein

to the state of th anton Dichto mellitin 798/8 CW der and the second of the seco

| | - 5 | OR STATE | | | TH AND MENTAL H | EDEATH | 001 |
|---|---------|-----------------------------------------------------------------|---------------------------------|---------------------------------------------------|---------------------------------|-------------------------------------------|----------------------------------------------|
| - | | EASED NAME FIRST | | DDLE . | LAST | 20. DATE KNOWN (2) MON | ITH DAY YEAR 126. HOUR |
| | | CH MINT) | ARLES HE | RBERT JAC | KSON JR. | OF ESTI- DEATH MATED | 3 17, 81 1 Du |
| 1 | SEX | 4. RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS IF | UNDER 1 YR. IF UNDER | | 111 |
| | | Male B | Aug 27-3 | | ONTHS DAYS HOURS | MIN. PRONOUNCED DEAD | 1719 81 18M |
| 1 | e. BH | THPLACE ISTATE OF | 76. CITIZEN OF WHAT | COUNTRY? 8. MA | RRIED NEVER MARRIE | 9. BALTIMORE CITY OR CO | UNTY OF DEATH |
| 4 | | Md. | U.S.A. | WID | OWED DIVORCE | Frederick | MD. |
| ľ | a Cit | Y OR TOWN OF DEATH | (IF NOT IN SUCH FACILIT | AL, NURSING HOME, OR (Y, GIVE STREET ADDRESS) | OTHER INSTITUTION | 120. USUAL OCCUPATION (TYPE OF WO | RE 12b. KIND OF BUSINESS OR INDUSTRY Retired |
| 1 | Fr | ederick | Fred . Men | . Hospital | 1840 - 175 | Truck Driver | Retired |
| 1 | 34. 5T | ATE 136 COUN | | Bt. Airy | 13d. INSIDE CITY LIMITS? | Box 34 - Rt. | 3 |
| T | 4. FA | THER'S NAME | MIDDLE | LAST | 15. MOTHER'S MAIDE | N NAME MIDDLE | LAST |
| 1 | C | harles Herbe | ert Jackso | n Sr. | Emiley | Gray | |
| | | AS DECEASED EVER IN U.S. AR S, NO, OR UNKNOWN) (IF YES, GIVI | RMED FORCES? E WAR OR DATES) | 66. SOCIAL SECURITY NO | A Bobby W. | Jackson - Sam | e as 13 E |
| ľ | | 18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE | nly ane cause per line for | (a), (b), and (c).) | 11.10 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ı | | | ATE CAUSE (a) | araine | arrest | | |
| 1 | | Canditians, if any, which | / | A CONSEQUENCE OF | 1 11: | divoralu | Misses |
| 1 | | gave rise to immediate cause (a) stating the under | e (b) | MANSTE | notice co | identition and | new |
| 1 | | lying cause last. | DUE TO, OR AS | A CONSEQUENCE OF | | | |
| ı | | PART 2 OTHER SIGNIFICANT CONDITION | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DI | SEASE OR CONDITION GIVEN IN PAR | N 1 (a) | |
| ı | NO | | | | | | |
| ı | CATI | 190 DATE OF OPERATION | 196. CONDITIO | N FOR WHICH OPERATION | WAS PERFORMED? | | 20. AUTOPSY? |
| ł | E I | | | | | | YES NO V |
| | CER | 210 EXTERNAL CAUSE WAS | 21b. TIME OF IN HOUR A.M. M | JURY 21 | HOW INJURY OCCURRED | CENTER NATURE OF INJURY IN ITEM 18 PART 1 | DR PART 2) |
| | ICA | CONTRIBUTING CAUSE OF | | 19 | LOCATION | | |
| I | MED | 216. INJURY OCCURRED WHILE NOT WHILE AT WORK | STREET, FACTORY | | LOCATION | CITY OR TOWN | COUNTY STATE |
| 1 | | | | | | | |
| | | 22a. I certify that I taak char | | | tapsy , Inspection | | y opinion |
| | 3 | death resulted from: | ural causes Ac | cident | Homicide | Undetermined manner, | |
| 1 | | ACTUAL SIGNATURE | rect VI | Alery | Deputy | | ATE 3-17-87 |
| 7 | | SIGNATURE | | | 8 | 12 Toll House | Ave. |
| 4 | - | EXAMINER'S NAME ROL | pert J. Th | omas, M. D. | ADDRESSF | rederick, Md. | 21701 |
| 1 | 23a. Bl | JRIAL, CREMATION, REMOVAL | | 23c. NAME OF CEMETER | | 23d. LOCATION | COUNTY STATE |
| 1 | | Burial | 3-21-81 | Friendshi | | Monrovia Fred | |
| | 24. FL | INERAL DIRECTOR | ADDRESS | 1 16 | | PEC'D. BY REGISTRAR | Malrusly |
| | C | E.HICKS 111 | L Frederic | k, Marylar | id MAK | 26 1981 | |

STATE OF MARYLAND

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STATE OF MARYLAND

my wise I M to El

| 0 | | REGISTRAR CEASED NAME | FIRST | M | MIDDLE | EXAMINE | K 3 C | LAST | AIEOF | | DATE | REG. N | | DAY | YEAR | 2b. HOU |
|----------------|-----------------------|----------------------------|-------------------|---------------------------|--------------------------------|-----------------------|-------------|-----------------|-------------------|----------|----------------|----------------|----------------|---------|----------|--------------|
| OURS PREET. | | OR PRINT) | CADA | OLYN | ANN | | ,TO | NES | | | OF | ESTI- MATED | 1. | 10 | 81 | |
| New | 3. SEX | 4. | RACE | 5. DATE OF BIRT | | 6. AGE (IN YEAR | s IF UN | DER 1 YR. | IF UNDER 2 | | . DATE | | MONTH | DAY | YEAR | Pa: HSO |
| V | fen | ale | white | May 22 | | 34 YRS | | S DAYS | HOURS | | RONOUN DEAD | | 3-4 | | .81 | p, |
| | 7a. BII | RTHPLACE (STAT | E OR | 76. CITIZEN OF | WHAT COUN | ITRY? | MARRIE | | ER MARRIEI | | | | OR COUN | | TH | |
| 4 | 10.00 | Conn. | | | .S.A. | RSING HOME, | WIDOW | | DIVORCE | | | | Coun | | OF BILIS | MI |
| 3 | - | w Londo | | LIS NOT IN SUCH | EACHIEV COVE C | | | | ION | FOR MO | OST OF WOR | KING LIFE) | | OR IN | DUSTR | A Sude 22 |
| 7 | USUA | L RESIDENCE (IF | IN NURSING HOME | OR OTHER INSTITUTION. | GIVE RESIDENCE | BEFORE ADMISSION | 4) | 13d. INSIDE CIT | ry Limites 1 | | T ADDRE | | 161 | | | |
| 1 | 13a. Si Ma | aryland | Fred Fred | erick | | Airy | | YES | N X | 390 | 09 SI | yviev | Dr. | | | |
| - | 14. FA | THER'S NAME | | MIDDLE | | LAST | | 15. MOTHE | R'S MAIDEN | NAME | N | IDDLE | | LAST | ī | |
| | 1/ 1/ | James AS DECEASED I | WED IN LLIE | M. | | ffin CIAL SECURITY | NO | J 17. INFORM | oseph: | ine | | R. | | lagone | 9 | |
| | 16a. V | S, NO, OR UNKNOW! | (IF YES, GIVE | WAR OR DATES) | | -50-699 | | | ert W | To | 200 | | m 13 | | | |
| | | | DEATH (Enter or | ily one couse per li | | | | TOD | ET.C. M | • 0 01 | les, | 106 | m 1) | APPRO | DXIMATE | INTERVAL |
| | | PARTIDEA | TH WAS CAUSE | D BY: | | amine i | ntox | cicati | on | | | | | BETWEEN | N ONSET | AND DEATI |
| | 20 | 756 | 3 IMMEDIA | TE CAUSE (o) DUE TO, (| OR AS A CON | SEQUENCE O | F | 1 | | | | | | | | 164 |
| | | | if ony, which | | | | | 1 | | | | | | | | |
| | | | ating the under | | OR AS A CON | SEQUENCE O | F | | | | | | | | | No. |
| ı | 15 | Tyling coose | 1031. | (c) | | | | | | | | | | | | |
| | z | PART 2 OTNER SIGN | FICANT CONDITIONS | CONTRIBUTING TO DEA | TH BUT NOT RELA | TEO TO THE TERMIN | IAL DISEASE | OR CONDITION | GIVEN IN PART | 1 (a). | | | | | | |
| | ATIO | 190 DATE OF C | PERATION | 19b CON | DITION FOR | WHICH OPERA | TION W. | AS PERFOR | MED? | - | | - | | 20 AUT | OPSY? | |
| H | IFIC | | | Selection | | | | | | | | | | YES | XX | NO 🗆 |
| 5 | CERT | 210 EXTERNAL | | | OF INJURY | DAY YEAR | 21c. HC | OW INJURY | OCCURRED | (ENTER N | ATURE OF IN | JURY IN ITEM 1 | B PART I OR PA | ART 2) | | |
| 5 | MEDICAL CERTIFICATION | UNDERLYING CONTRIBUTING | CAUSE OF | DEATH ? P | P.M. | 3/4/81 | | | geste | d | | | | | | 10 |
| | AEDI | 214 INJURY OC | | 21e PLAC STREET, F | E OF INJURY ACTORY, FARM, E | (AT HOME, | | CATION | near | 07.1 | ACITY OR TO | WN | DJ G | T YINH | | STATE |
| | - | | NOT WHILE [| * st | reet | | Rt | | near | OTa . | unna | DOTIS | na. I | Yew L | ondo | M PIO |
| | | 220. I certify | that I took char | ge of the remains o | described ob | | _Autop | XX | Inspection | \Box . | Inquiry | □, _ | and in my o | pinion | | |
| | | death resulted | from: Natu | ral couses . | Acciden | , Suid | ide X | , Hamic | ide 🔲, | Undete | rmined m | anner 🗌 | , | | | |
| | | ACTUAL | MA | 10-00 | Au | 1.000 | | TITLE (SI | PECIFY) Lstant | | | | DATE | 3-1 | 5-81 | |
| 400 | | SIGNATURE_ | MU | March | The I | TYPE | M | .D. ASSI | LS Uall U | MEDI | CALEXA | AINER | DATE | ED | | - |
| -ye | nd - | EXAMINER'S N | AME Ma | rgarita | A. Kon | ell,M. | D. | ADDRESS_ | 111 P | enn | Stre | et | | | | |
| _ | 23a B | IDIAL CREMATE | ON PEMOVAL | 23b. DATE | 23c. | NAME OF CEM | | | ORY | 23d. LO | CATION | | 60 | INTY | STA | ATE |
| | 7.1 | DECIEV) | | | 1 | | | | | | W I O AA I A | | | | | reit. |
| 13 | (: | Burial | 15 | Mar.7,19 | 81 | Park | awn | | | Ro | ckvil | le, l | lontg. | Md. | | |
| | (: | Burial UNERAL DIRECT | OR . | | | | | | 250. DATE RI | Ro | ckvil | le, 1 | lontg. | Md. | | |

TERD IN LOUD . If we wall the a earlies rotorio at. fr. made . entrictor nichte . entrict original and the contraction of fix . . | Gladworth, E.A., Darageo, Fd.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-3-4 81 FALD RECTOR.

FILES.

HIT THOURS

ESTON STREET, WESLEY JONES, JR. ROBERT DEATH MATED 19 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS YE AR DATE PRONOUNCED 81 male white Aug. 25, 1977 DEAD 7a. BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Frederick County U.S.A. HOURS AFTER DEATH. IF ANY DELAY IS NEW 18. GIVE PAGES 1, 2, AND 3 TO THE PUNY OF WITH FORM PAGE 5. RMIT, PAGES 1 AND 2 SHOULD BE FILED, SHE, DIVISION OF VITAL RECORDS, 201 W/P Maryland ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Woods about 75Vrs. OR INDUSTRY New London from Rt.75 USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Frederick 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 3909 Skyview Dr. Mt. Airy 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wesley Robert Jones Griffin Carolyn Ann 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT **ADDRESS** Robert W. Jones. Item 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DI JRIAL, CREMATION, OR REMOVAL. APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Gunshot wound of chest and left arm / IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE FOUND BE TO FEER PATIES. TO FUND THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR, TO BURIAL, 20 AUTOPSY? YES NO [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XX OR HOUR A.M. MONTH subject shot CONTRIBUTING CAUSE OF DEAT 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, found in woods about 75yrd from Rt.75" New London, Maryland NOT WHILE Autapsy XX 220. I certify that I taak charge of the remains described above, held an and in my apinian Homicide XX death resulted fram: Undetermined manner ACTUAL DATE 3-5-81 Assistant SIGNATURE ADDRESS_ Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Rockville, Montg., Md. STATE Burial Mar. 7, 1981 Parklawn BP 25 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR NAME Olin L. Molesworth P. A., Damascus, Md. **DHMH-17** (VR A15 ME (5)) 15M 2/80

Till, the said to be to 19-19-A. S. Accessor on the control of the in the service of the THE COURSE WILL DESCRIPTION OF THE PARTY OF tion in the state ... entire artid am. /, 1921 costivan soo vila, osa, sal, and the court of t

| 4 | | | FOR STATE REGISTRAR | | | | | STA MENT OF EXAMIN | HEALTI | | ENTAL H | _ | | O REG. N | 7 | ð | 3 | i |
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| | 28.98E | | CEASED NAME E OR PRINT) | THOM | IAG | | MIDDLE | ATIES | | LAST | | | 20. DATE OF DEATH | KNOWN [| 3-4 | DAY | YEAR 81 | 2b. HOUR |
| | M. PLEASURECTOING FILE OUR FILE OUR FILE OUR FILE OUR FILE OUR STREE | 3 SEX | nale | 4. RACE White | | DF BIRTH DAY | EUGEI 1979 | 6. AGE (IN Y | ARS IF UI | | IF UNDER | 24 HRS. MIN. | 2c. DATE PRONOUN DEAD | | 3-4 | DAY | VEAR 81 | Pd: 30 R |
| | ECESSA INERAL FOR YOU WITHIN | FO | RTHPLACE (ST REIGN COUNTRY) Marylar | | | | AT COUN | | 8 MARR | RIED NE | VER MARR | IED & | 9. BALTIM | ore cury erick | _ | | | <u> </u> |
| | H. IF ANY DELAY IS NECESSARY, PLEASE 1, 2, AND 3 TO THE FUNERAL DIRECTOR. M. 3. RETAIN PAGE 5 FOR YOUR FILES. 0.2 SHOULD BE FILED WITHIN 72 HOURS TITAL RECORDS, 201 W PRESTON STREET, | 10 CI | New Lor | OF DEATH | INAM III | E OF HOS | PITAL, NUI | RSING HOM IBEET ADDRESS) | E, OR OTH | HER INSTITU | TION | 12a USU | JAL OCCUP AOST OF WORK | ATION (TY | | 12b KI | ND OF BU R INDUSTE | SINESS RY |
| 21201 | ANY DE AND 3 T RETAIN HOULD B | 13a. S | TATE TYLAND | 13b CO | ME OR OTHER INST UNTY ederick | | 13c. CITY | OR TOWN | ION) | T3d. INSIDE C | ITY LIMITS? NO 🔀 | 13e. STR | EET ADDRE | ss Skyvi | iew D | | | |
| BALTIMORE, MD. | 4Sez 700 | | THER'S NAME FIRST ROBE VAS DECEASED | | Wesley | | Jon | LAST | V NO | F | er's MAIDI | | | IDDLE | Gi | | in | |
| BALTIM | URS AFTER DE 8. GIVE PAGE WITH FORM T. PAGES 1 A DIVISION OF | (Y | es, no, or unknot No | F DEATH (Enter | GIVE WAR OR DATE | S) | _ | - | TNO. | | | W | ones | | em 1 | | PROXIMATE | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON 51., | BE EXECUTED WITHIN 24 HOUS NOING". IN PENCIL IN ITEM 18. EDICAL EXAMINER ALONG W. S. A BURIAL - TRANSIT PERMIT. ITH AND MENTAL HYGIENE, DREMATION, OR REMOVAL. | NO | PARTIDE. 965 Condition gove ris couse (o) lying cous | IMMED is, if any, when to immediate to imme | ISED BY: DIATE CAUSE (DU ich ate ber- DU | Gun E TO, OR (b) E TO, OR | AS A CON | Wound | OF OF | | N GIVEN IN PA | RT 1 (a), | | | | BETV | veen Onset | AND DEATH |
| OF VITAL RE | THE SHOULD SHOULD BE USED A MENT OF HELD OF BURIAL, OF | MEDICAL CERTIFICATION | 19a. DATE OF | OPERATION L CAUSE WAS | | TIME OF | INJURY | DAY YEA | 71c H | OW INJURY | | D (ENTER M | ATURE OF INJ | URY IN ITEM 18 | 3 PART 1 OR PA | Y | UTOPSY? | NO [] |
| DIVISION | MINER: THIS CERTIFICATE SHOULD BE EXECUTED WIFICATE, WRITING THE WORD "PENDING" IN PENER FORWARDED TO THE CHIEF MEDICAL EXAMISETOR: PAGE 3 SHOULD BE USED AS A BURIAL-TE THE STATE DEPARTMENT OF HEALTH AND MENT YLAND, 21201 PRIOR TO BURIAL, CREMATION, OF | MEDICAL | Z1d INJURY O WHILE AT WORK | CCURRED NOT WHILE AT WORK | DF DEATH 21e | P.M. PLACE C | OF INJURY ORY GARMEN | 3-4 198 | l su put 7 | bject CATION 5yrs. | | - 64- | 75 ^{114 OR TOV} | New 1 | Londoï | n, M | laryl | anď |
| • | TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, | | 220 I certif death resulte ACTUAL SIGNATURE _ EXAMINER'S I (TYPE OR PRIN | U | OULT | O. | Accident e UM | | vicide | TITLE (S | | Undete | Inquiry ermined ma | inner | DATE SIGNE | | -5-8 | 1 |
| | BP | (5 | JRIAL, CREMAT PECIFY) Buri JNERAL DIRECT | al | Mar.7, | | | | lawn | | | Ro | ckvil REGISTRA | | Montg | .,] | Md. | ATE |
| | (VR A15 ME (5)) 15M 2/80 | | 011 | 11 10, 110 | Te2 MOI. | 011, 1 | • 44., | Damas | cus, | MG. | | WY T | 7 120 | | | | 1 | |

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| 12 | FOR | | | DEPARTMENT OF | HEALTH | AND MENTAL H | YGIENE | | 3 / | 0 | 0 | (3 |
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| L | - STATE REGISTRAR | | ME | DICAL EXAMIN | | | | REG | . NO. | | 177 | |
| | DECEASED NAME | FIRST | | WIDDLE | | LAST | 2a. D | ATE KNOWN | | TH DAY | YEAR | 2b. HO |
| 1 | TYPE OR PRINT) | June | 1 | Elizabeth | k | nott | | OF ESTI- | 0 3 | 3 21 | 1981 | |
| 3. 5 | SEX 4. RACI | 5. DA | TE OF BIRTH | | | DER 1 YR. IF UNDER | | DATE | MONT | | YEAR | 9:10 |
| | Female W | hite J | an. 18 | 1981 | rs. Month | 3 HOURS | | NOUNCED DEAD | 3 | 3 21 | 1981 | 9:10 |
| 70 | BIRTHPLACE (STATE OR | | | HAT COUNTRY? | 8. MARRI | ED NEVER MARRI | FD [X] 9. B/ | LTIMORE CIT | Y OR COU | | | |
| | Maryland | U | .S.A. | | WIDOW | | and the same of th | Frede | erick | Coun | ty, | . N |
| | CITY OR TOWN OF DEA | | | SPITAL, NURSING HOM | E, OR OTH | ER INSTITUTION | 12a. USUAL C | OCCUPATION OF WORKING LIFE) | (TYPE OF WOR | K 12b KIN | ND OF BU | ISINESS RY |
| | Frederick | | Frede | erick Memori | | spital | Non | е | | 1 | None | |
| 13q | UAL RESIDENCE (# IN NUE | 136 COUNTY | | 13c. CITY OR TOWN | | 13d. INSIDE CITY LIMITS? | 13e. STREET A | DDRESS | | | | V A |
| L | Maryland | Freder | ick | Thurmont | | YES NO 反 | 712 | 5 Blue | Mount | ain J | Road | |
| 14. | FATHER'S NAME | MIDD | LE | LAST | | 15 MOTHER'S MAIDE | | MIDDLE | | | LAST | |
| | Dennis | | | Knott | | Susan | | | M | Muller | r | |
| 160 | (YES, NO, OR UNKNOWN) | IN U.S. ARMED FO | ORCES? | 166. SOCIAL SECURI | TY NO. | 17. INFORMANT | | 7125 | Blue | Mour | ntair | n Rd. |
| | No | | | None | | Mr. Denni | s Knot | t Thur | mont, | Md. | 2178 | 38 |
| | 18 CAUSE OF DEATH | H (Enter only ane | | e for (o), (b), ond (c).) | | | | | | BETY | PROXIMATE | E INTERVAL |
| | n G Co | IMMEDIATE CAL | JSE (a) | Sudden Infa | ant De | eath Syndro | me | | | | | |
| | 1780 | (| DUE TO, O | R AS A CONSEQUENCE | OF | | | | | | | |
| | Canditions, if a | | (b). | | | | | | | 31 | | |
| | cause (a) stating lying cause last. | | DUE TO, O | R AS A CONSEQUENCE | OF | | | | 7.7.7 | 10 | | |
| | lying cause last. | | (c) | | | | | | | 44 | | |
| | | CONDITIONS CONTRIB | UTING TO DEATH | BUT NOT RELATED TO THE TER | MINAL DISEASE | OR CONDITION GIVEN IN PAR | RT Ligit | | | | | |
| Ş | | EALE | | | | | | | | | | |
| 13 | 190. DATE OF OPERA | TION | 196 COND | ITION FOR WHICH OPE | RATION W. | AS PERFORMED? | | | | 20 A | UTOPSY | ? |
| 1 1 1 | | | | | | | | | |) | rES X | NO [|
| 8 | UNDERLYING | | HOUR A. | OF INJURY M. MONTH DAY YEA | | W INJURY OCCURRE | D LENTER NATUR | E OF INJURY IN ITEA | A 18 PART 1 OR | R PART 2) | | |
| MEDICAL CERTIFICATION | CONTRIBUTING | AUSE OF DEATH | P./ | И. 19 | | | | | | | | |
| 103 | 21d. INJURY OCCURR | | | OF INJURY (AT HOME, | | TATION | CITY | ORTOWN | | COUNTY | | STATE |
| 3 | AT WORK AT W | ORK | | | | | CII | | | 2001111 | | 31.416 |
| | 22a I certify that I | tank charge of th | e remoins de | scribed obove, held od | Autops | y KI, Inspection | , []. In | quiry . | and in my | v doinior | | |
| | death resulted from | Notural cau | 101 | | uicide | Homicide . | Undetermin | | 3 III My | apinion | | |
| 1 | Gedin resolted from | 10 | The last of the la | | orcide | TITLE (SPECIFY) | onderermir | ed moiller L | J' | | | |
| | ACTUAL SIGNATURE | 1 Kiss | noch | 1 Tuns | 1 | Deputy Chi | ef | EVAMPIED | DA | TE SNED | 3/22/ | /81 |
| 5 | SIGNATURE | - | V | 10000 | A | | MEDICAL | EXAMINEK | SIG | ,NEU | , = -, | |
| - | EXAMINER'S NAME (TYPE OR PRINT) | Thoma | s D. S | mith, M.D. | | ADDRESS III | Penn S | t. Ba | ito., | MD. | | |
| 230 | BURIAL, CREMATION, R | EMOVAL 23b. DA | TE | 23c. NAME OF CE | | | 23d. LOCAT | ION | | | | |
| | Burial | | | 981 Our Lad | | | Thur | mon t | | erick | | TATE |
| 177 | PHONE THE CONT | heliers | A | 615 E. Mai | | | 1 | ISTRAR 25b. R | | | | |
| R | obert E. Da | ilev & S | Son ADDRES | Thurmont | | | Dan is | wi Z | is any fivon | 11000 | None of the | |

STATE OF MARYLAND

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REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 2b. HOUR 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS. MONTH Nov. 30, 1896 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Frederick. WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Frederick Memorial Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 114 Brooklawn Apts Frederick YES X NOF 15 MOTHER'S MAIDEN NAME FIRST Cora Haugh ADDRESS Brooklawn Apts. 166 SOCIAL SECURITY NO 17. INFORMANT 577-09-2380 Mrs. Louise Kolb Frederick, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) DAY YEAR 21f. LOCATION CITY OR TOWN COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DAU ATTENDING

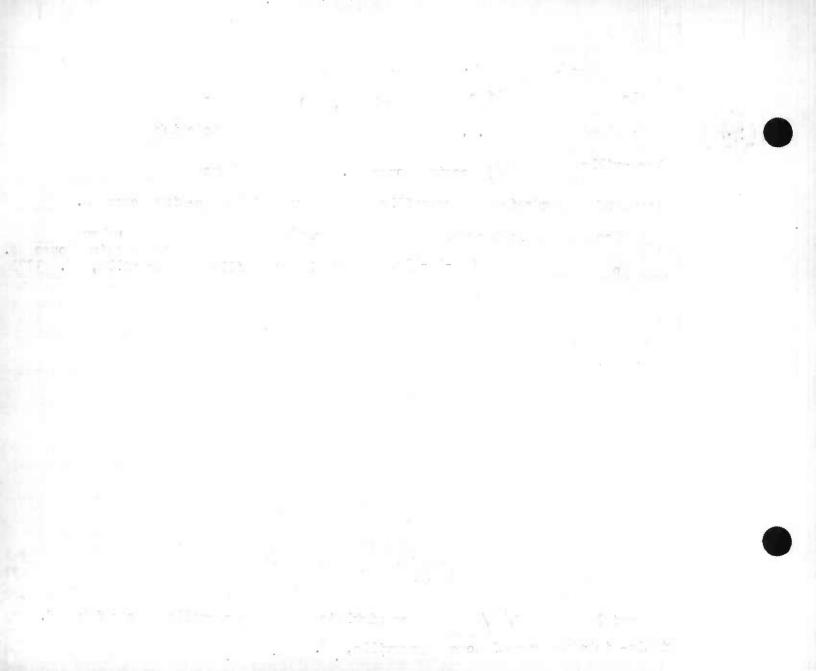
18 CAUSE OF DEATH (Enter only one couse per light for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 196. CONDITION FOR WHICH OPERATION WAS PERFORMED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION Burial CITY OF TOWN Frederick, Frederick, Md. 3/11/81 Mt. Olivet 1201 N. Market St. 21701 Frederick, Md.

DHMH-16 30M 2/80 (VRA 15, 4)

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STATE OF MARYLAND



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completely filled in by 1 and 2 should be filed DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

BP.

DHMH-16 25M (VRA 15, 4) 1/79 FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8

250. DATE REG D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

| J DEC | CEASED NAME FIRST | | | | | | EG. NO. | | | |
|---------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------|-----------------------|-------------------|--------------------------|----------------------|--------------------|-------------|---------------|
| | | MIDDLE | LA | NST. | | 20 DATE OF DE | ATH MONTH | DAY | YEAR | 26 HOUR |
| 3 SEX | Leor | 1 | L | OEB | | March | 25, | 1981 | | 3:30 |
| | X | 4 RACE | 5 DATE O | | | 6. AGE IN YEARS | (AST BIRTHDAY) | | NDER I YEAR | # UNDER 2 |
| | Ma1e | White | July | 15, | 1905 | 75 | , | rrs Mon | THS CLAYS | HOURS |
| 7e. BIF | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | AAA DDIEC | M NEVER | MARRIED [| 9 BALTIMORE | | | DEATH | |
| | New York | U.S.A. | WIDOWE | | NORCED | Fr | ederi | ck Co | unty, | |
| 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HE NOT IN SUCH FACILITY, GIVE, STREET | | ROTHER INS | NOITUTION | 12a USUAL OCC | | | | F BUSINES |
| | ederick | Frederick Mem | orial | Hospit | a1 | Public | | | Adve | rtisi |
| 13a S | TATE 136 CO | or other institution, Give residence before UNITY 13c CITY OR TOW Freder: | VN I | 13d. INSIDE (| CITY LIMITS? | 13. STREET ADD 2602-1 | RESS Thurs | ston | Road | |
| I4 FA | THER'S NAME FIRST Moses | MIDDLE LAST LOED | | | S MAIDEN NAM | ME | DOLE | | LAS | SS |
| 16a W (Y, | VAS DECEASED EVER IN U.S. A (ES NO OR UNKNOWN) (IF YES, G | ARMED FORCES? 166 SOCIAL SECULIAR OR DATES! 102-14- | | 17 INFORM | ant Ethel Lo | | ADDRESS -A Thu | | | |
| CERTIFICATION | PART 2 OTHER SIGNIFICAN | T CONDITIONS CONTRIBUTING TO | | | | INAL DISEASE OF | 206. | IF YES, W | ERE FINDIN | |
| 1 2 | | | 2.40 | | | | | YES [| | NO [|
| | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE | DEATH HOUR A.M. MONTH D. | AY YEAR | 21c HOW IF | NJURY OCCURR | ED JENTER NATURE | OF INJURY IN ITE | M 18, PART 1 | OR PART 2) | |
| MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I | FARM, ETC.) | 211 LOCATI | ON | CIT | OR TOWN | | COUNTY | STA |
| | saw the deceased alive of | pital) attended the deceased fram- | | 700% d that in (my |) (aux) opinian o | , tadeath accurred ar | the date an | , 19_ d havr an | | that (I) (see |
| Н | GOOVE, (II (WAST CARD I GIG I | | | | | | | | Y | |
| | 224. PHYSICIAN'S NAME (TYPE | y 1. South | 4. | 220 ADDRE | | MEDICAL DIRECTOR | STAFF PHYSICIAN [| | 220 DATE | SIGNED |

Smath, Fadeley, Keeney, Barrord Funeral Home

106 East Church St., Frederick, Md. 21701

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| | | 1. | FOR STATE REGISTRAR | | DEPAR | TMENT OF HEALT | H AND MENTAL TE OF DEATH | HYGIENE Ö | U | 10 | 7 4 |
| | | 1 55 | | FIRST | MIDDLE | 1ACT | | 20 DATE OF D | REG. NO. | DAY YEAR | 21 110110 |
| 2-6 | | | OR PRINT) | FIRST | MIDDLE | LAS! | | 20 DATE OF D | A A | d C | 2b. HOUR |
| 10 | | | Fra | mais | 200 | ++ | -ong | | 3-1 | 6-81 | 10,0 |
| in | 1 | 3. SE | | 4. RACE | | 5. DATE OF BIR MONTH Sept. | | 6. AGE (IN YEA | RS LAST BIRTHDAY) | MONTHS DAYS | HOURS M |
| 11 | 10 | 7. 0 | Male RTHPLACE (STATE OR FOR | | casian | | 20 1917 | | YRS. | COLDEATH | |
| | 22 | | COUNTRY | | | MARRIED S | NEVER MARRIED | · | | OF DEATH | |
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| i i | \$27 | | Frederick AL RESIDENCE (IF NURSING | | derick Mem | | spital | Orcha | rdist | Orci | nard |
| ld b | 37 | 130. | STATE 13 | 36 COUNTY | 13c. CITY OR TO | WN 13d. | INSIDE CITY LIMIT | | | | S 24 |
| hou. | <u> </u> | | aryland | Frederic | k Thurmo | | S X NO | | pples Chu | rch Road | d |
| 7 / | E C | 14. F/ | ATHER'S NAME FIRST | WIOOFE | LAST | 15. / | AOTHER'S MAIDE | | WIDDLE | LAST | |
| 6 | \$00 | | Clarence | E. | Long | | Marie | | elen | Well | |
| ges. | 0 1 | | VAS DECEASED EVER IN | U.S. ARMED FORC | | CURITY NO. 17 | NFORMANT | | 212 Apple | s Church | n Road |
| P. 0 | medi | | No | | 214-3 | 32 - 4972 | Mrs. Lil | lie Long | Thurmont, | Maryla | na 21 |
| ol. | Ť. | | 18 CAUSE OF DEATH PART I. DEATH WAS | (Enter anly ane cau | se per line for (a), (b), | ond (cl.) | | 0 - 6 | | BETWEEN C | MATE INTERVAL |
| ome | ven | | | MEDIATE CAUSE | | CINOM | A OF | PROST | NTE | 1 | yes |
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| n ple burio | ν, ο | | PART 2 OTHER SIGNIE | FICANT CONDITIO | NS CONTRIBUTING T | O DEATH BUT NOT | RELATED TO THE | TERMINAL DISEASE | OR CONDITION GIV | EN IN PART 1(a | ı i |
| The T | 5 | O N | Ac | 10051 | 5 | | | | | | |
| prior prior | C Out | CERTIFICATION | 190. DATE OF OPERATIO | ON 19b. C | ONDITION FOR WHI | CH OPERATION W | AS PERFORMED | 20a AUTOP | | S, WERE FINDIN | |
| | Z Z | Ī | | | | | | YES 🗍 | Named . | S | NO [] |
| | × C | E E | 210. ACCIDENT WAS UNDER | 1.0. | IME OF INJURY | 216 | HOW INJURY OF | CCURRED (ENTERNATU | RE OF INJURY IN ITEM 18 | PART 1 OR PART 2) | |
| | Ten 7 | AL | OR CONTRIBUTING CAL | USE OF DEATH | JR A.M. MONTH P.M. | 19 | | | | | |
| Me | ō | MEDICAL | 21d. INJURY OCCURRE | D 21e. PI | LACE OF INJURY | 21f | LOCATION | | CITY OR TOWN | COUNTY | STATI |
| and | e v | 2 | WHILE NOT WHILE | (AT HO | ME, STREET, FACTORY, OFFIC | E, FARM, ETC) | SIREEI | | CITY OR TOWN | CODIVIT | 3171 |
| se os | E . | | 220.1 certify that (I) (t | his hospital) attend | ed the deceased from | · vin | 19 | 10 91 | went 16 | 19 8 / | that (1) (wet |
| F He | 5 12 | | saw the deceased | alive on 3 | 19 | ~ | at in (my) (aur) op | inian death accurred | on the dote and hou | | , , , |
| - a. | E | | 22b. SIGNATURE | d) (did nat) view the | body after death. | , DEGR | REE | | | 22c. DATE | SJGNED |
| etach te De | ± ± | | 1 8 10 | ed To | Trou | ch 2 | | NG 2 MEDICAL | STAFF | 3/1 | 1/2 |
| Stot | Ž | | 22d. PHYSICIAN'S NAM | AE (TYPE OR PRINT) | 000 | 1220 | . ADDRESS | AN ZINDIRECTOR L |] PHYSICIAN [] | -/(| 7 91 |
| | - | | ROBERS | | "Rovelf | | 806 10 | Il Ho | re fre | Frede | med |
| ould b | POR | | 10000 KKY | | | | | | | | |
| should be | MPORT | | BURIAL, CREMATION, RE | | TE 23 | E. NAME OF CEME | TERY OR CREMAT | ORY 23d LOCAT | | | |
| should be | MPORT | | | EMOVAL 23b. DA | | | | CITY OF | TOWN | county Frederi | ck. Me |
| SOW 5/80 | | 24_E | BURIAL, CREMATION, RE | MOVAL 236. DA | 9/81 | Creagers | town | CITY OF | erstown. | Frederi | ck. Me |

ARRE TELEVISION FOR STATE OF STATE /6/55/6Y Interference destruction of the On Astronomic Street, defendant Chry La Crester Comment & Carrier Character Larry Larr Name Administration of Land Company of the Company The state of the s

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| | ENGES/4 | | | | II. NAA | OT IN SUCH FAI | CHITY, GIVE S | TREET ADDRESS | AE, OR OTH | e d = 4 | ION | FOR M | OST OF WORKIN | IG LIFE) | OF WORK | OR INDUS | STRY |
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| | , T. 24. | | HER'S NAME FIRST | | MIDDLE | | | LAST | | 15. MOTHE | | NAME | MIDD | | | LAST | |
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| | . 100 E | | PART I DE | F DEATH (Enter ATH WAS CAUS | only one car SED BY: | use per line | (ar (a), (b |), and (c). | 0 | TNI | un (| 2 | | | | BETWEENON | ATE INTERVAL |
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| | d () a = a h . / | FI | | | | | | | | | | | | | | YES [| NOD |
| | SION OF VITA | | | L CAUSE WAS | 2 | B. TIME-OF | | DAY VE | | A | OCCURRE | D (ENTERN | ATURE OF INJUR | Y IN ITEM 18 P | PART 1 OR PAR | RT 2) | |
| | FICATE OULD COULD TO BUT TO BU | DICAL | UNDERLYING | OR CAUSE C | OF DEATH | 23751 | 3 Manth | DAY YE | 31 | P | low | u | 2-60 | \wedge | an | Ch | |
| | E Z C C C C | EDIC | 21d. INJURY C | | / ! | PLACE C | OF INJURY | (AT HOME, | 21f. LO | CATION | | | CITY OR TOWN | | COL | Name V | ATARE |
| | EXAMINER: THIS CER CERTIFICATE, WRITINI OULD BE FORWARDED DIRECTOR: PAGE 34 4. WITH THE STATE DES WARYLAND, 21,201 PRIC | 2 | AT WORK | NOT WHILE AT WORK | | STREET FACT | MM | 1 | 0 | RIL | 164 | | | | | Toke | nuc |
| | STA STA | | 22a Lcertii | fy that I taak che | orge of the r | remains des | cribed abo | eve. Veld an | Autap | osy . | Inspection | n . | Inquiry |]. an | d in my ap | inian | |
| 1000 | AMINER: RTIFICATE BE FOR RECTOR: ITH THE YLAND, 2 | | death result | Α | atyral causes | | Accident | | Suicide | Hamic | | | ermined man | | | | |
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| | MA WAY | | ACTUAL SIGNATURE. | 17 | 100 | 1 | WN | 5 | N | | puty | MED | CALEXAMIN | JER | DATE | 0 3-1 | 7-81 |
| | SE THE SHAPE | | | | | | | 1475 | | | | | 11 H | | Ave | • | |
| | TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH. BALLIMORE, MY | | TYPE OR PRI | NAME ROL | bert | J. T | 'homa | as, M | . D. | ADDRESS_ | Fr | eder | ick, | Md. | 2170 | 01 | |
| | PAC AFT | 23a BL | | TION, REMOVA | | | | | | OR CREMATO | | CITY | CATION | | COUN | ATY . | STATE |
| | BP | | Buria | | | | | | | meter | | | gavi1 | | reder | | Md. |
| | DHMH · 17 | 24.5h | TEN DIRECT | adeley, | Kee | neyores | Basi | ford I | unera | 1 Hom | 25a. DATE | REC'D. BY | REGISTRAR | 25b. REG 1 | STRAR'S S | IGNATURE | 49 |
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| | 1. | FOR STATE REGISTRAR | | | DEPARTA | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE Ö REG. NO | U . | / 0 | 7 3 |
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| - | | CEASED NAME CORPRINT) Mi | ldre | | E. | Mox! | ley | 20. DATE OF DEATH M | 3 | NAY YEAR | 26 HOUR30 |
| I) | | emale | | White | | 5. DATE C | 1.26,1916 | 6. AGE (IN YEARS LAST BIRTH | YRS. | 1 DAYS | IF UNDER 24 HRS HOURS MIN. |
| 35 | N | RTHPLACE (STATE OR F COUNTRY) Aryland ITY OR TOWN OF DEA | | U.S | | WIDOWE | | BALTIMORE CITY OR Frederick | Co. | , | MD. |
| 00 | N | At. Airy | | 105 | Hill S | t. | R OTHER INSTITUTION | OTTO THE PROPERTY OF WORK FOR MOST OF Housewif | WORKING LIFE | | OF BUSINESS OR |
| 35 | 13a S Ma | aryland | 136 COUN | | Mt. Ai: | N | 13d. INSIDE CITY LIMITS? YES 📉 NO 🗌 | 13. STREET ADDRESS 105 Hil | 1 St | | |
| OC | | John | Em | MIDDLE | Burk | | 15. MOTHER'S MAIDEN NA/ Grace | Marie | | Taylo | or |
| | 16a V | vas deceased ever yes, no or unknown) No | | MED FORCES? E WAR OR DATES) | 215-76 | | Melvin U. | Moxley, S | | | |
| | NOI | Conditions, if ony, gave rise to imm couse (a), statin underlying cause | which nediate g the last. | DUE TO, OF DUE TO, OF | R AS A CONSEQUE | NCE OF | NOT RELATED TO THE TERM | Pon. | ITION GIVE | | MATE INTERVAL ONSET AND DEATH |
| 29 | MEDICAL CERTIFICATION | 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 2101. IN JURY OCCURR WHILE NOTIFY AT WORK AT WORK 220.1 certify that (1) | DERLYING | 216. TIME O HOUR A./ P./ 21e. PLACE ((AT HOME, STR | F INJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, FA | Y YEAR | 211 LOCATION STREET | YES NOT | YES | COUNTY | STATE |
| - | | sow the decesse obove, (1) (we) (d III BIOTHALUE THE PHYSIDIAN'S NA PARK W | d alive on | 215 | 19 8 | | d that in (my) (or) apinion of the control of the c | MEDICAL STAFF | - 10A | | |
| | 100 | URIAL CREMATION BURI | | 3-5-1 | Company of the Compan | | emetery or crematory | 23d LOCATION CITY OR TOWN | | | ck, Ma. |
| | 74 FI | INFRAL DIRECTOR | | | - 1 | | 15a DAT | REC'D BY REGISTRARIY | OF DECISED | APS SIGNAT | 1606 |

MAR 5

Charles W. Burrier, Jr., Sykesville, Md.

STATE OF MARYLAND

DHMH-16 30M 2/80 (VRA 15, 4)

b exhibition and . A. L. U. Senterge II . . . Did dibimaken 19. ALTO 105 201 ALTO 12. ALTO The Sili Bat a Arthur Solember Steel and Classes welled a single teachers to Belle - Little - Little - Dille - Dill

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(VR A 15 (4))

REGISTRAR

DECEASED NAME

Dgtrs.of Charit 333 S. Seton Avenue LAST 216-54-8707-JI Sr. Josephine-Villa St. Michael, E'burg PART 2 OTHER SIGNIFICATION CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARMIG 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED Mar. 7, 1981 Emmitsburg, Md. 21727 Emmitsburg Frederick Md. Burial Mar.10,1981 St. Joseph's 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR DHMH - 16 50M 7/77 Emmitsburg, Md. 21727 Skiles Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

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IF UNDER 1 YEAR

DAYS

20 DATE OF DEATH MONTH

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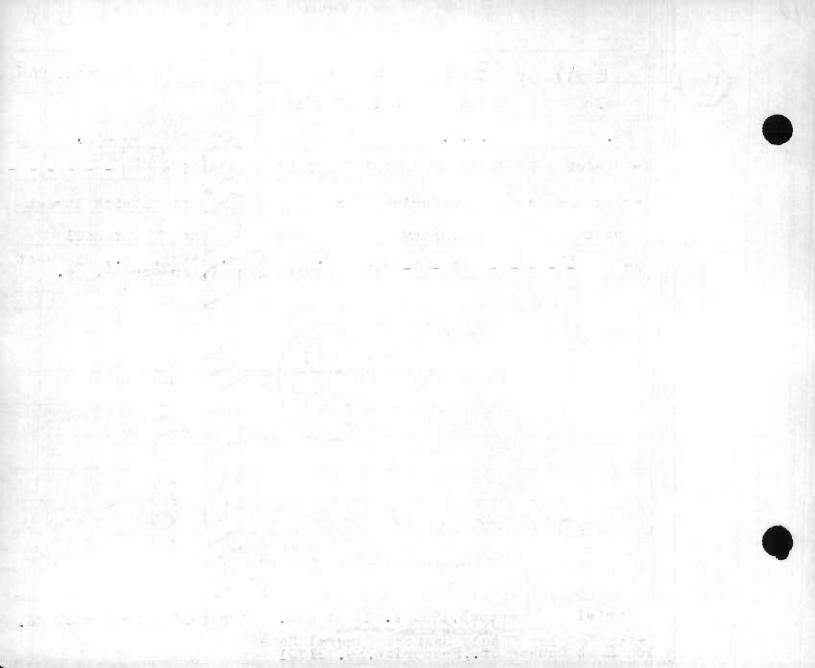
| | I. SEX Male To BIRTHPLACE (STATE OR FORM OF DEATH OCCUPIENT) Maryland To CITY OR TOWN OF DEATH Frederick USUAL RESIDENCE (IF NURSIN JOHn) It FATHER'S NAME JOHN It FATHER'S NAME (YES, NO OR UNKNOWN) IT CAUSE OF DEATH PART I. DEATH WAS UNDEATH WAS IT CAUSE OF DEATH PART I. DEATH WAS UND TO CONTRIBUTING COUSE ON CONTRIBUTING COUSE WHILE NOTE WHO CAU 21d. INJURY OCCURRE WHILE NOTE WHO CAU 22d. INJURY OCCURRE WHILE NOTE WHO CAU 22d. INJURY OCCURRE WHILE NOTE WHO CAU 22d. I CERTIFY tho (1) SOW Its deceased oboy! (1) we I (die 22b. SIGNATURE) | - STATE | | DEPARTI | MENT OF H | E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH | GIENE 8 | 0 0 | |
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| | 1. D | E OR PRINT) | | MIDDLE | | AST | 2. DATE OF DEATH | MONTH DAY YEAR | 10 |
| 6 | | John | | layton | | nillips | | 3-26-81. | |
| | 3. SI | | 4 RACE | | 5 DATE O | OF BIRTH | & AGE JIN YEARS LAST BIRT | THOAY) IF UNDER I YES | |
| - Ar | | | Whit | | Nove | mber 18, 191 | B 67 | YRS. | |
| 13/ | 1 | COUNTRY) | USA | WHAT COUNTRY? | MARRIE | D NEVER MARRIED D | Frederic | k County | MD |
| N IN IN | | | Freder | HOSPITAL, NURSIN CHEACILITY, GIVE STREET 1 CK HOMO: | IG HOME (| Hospital | 120 USUAL OCCUPATION OF WORK FOR MOSLO Retired C | ON 12h KIND OF WORKING LIFE) INDUSTE ON QUE TO T | COF BUSINESS OR RAIlroad |
| 131 | 130. | STATE 111 CO | ok other institution | Brunsw | ADMISSION) | 134. INSIDE CITY LIMITS? | 13. STREET ADDRESS | rff Drive | |
| of lead | 14 F | ENDSY | MODIE W. | Phillip | 5 | 15. MOTHER'S MAIDEN NA FIRST Margaret | ME MIDDLE | Holder | LAST |
| 1, the me | 16a | WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, O | ARMED FORCES? GIVE WAR OR DATES) | 705 12 | 4399 | John W. Phi | llips Bru | each Orcha nswick, Md | rd Drive 21716 OXIMATE INTERVAL |
| iner please remove callor to burial, cremation, any injury, or other tra | TION | PART 2 OTHER SIGNIFICAN | DUE TO, C | | ENCE OF | Anty Shows | | | |
| 8 shows | RTIFICA | 190 DATE OF OPERATION | | | OPERATIO | N WAS PERFORMED | 70¢ AUTOPSY? YES NO | 706. IF YES, WERE FINE IN CERTIFYING CAUS YES | DINGS USED SES OF DEATH? NO |
| I E | | 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN | DEATH HOUR A | DF INJURY .M. MONTH D. | AY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJUI | RY IN ITEM 18, PART I OR PART 2 | 4 |
| marked | MEDIC | 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | | OF INJURY FREET, FACTORY, OFFICE, F | ARM, ETC.J | 211 LOCATION STREET | CITY OR TOV | vn county | STATE |
| RTANT: If Item 21 is | | 220. I certify that (I) this has saw the deceased olive oboy! (I) we) (did you did you have oboy! (I) we) (did you did you have oboy! (I) we) (did you have oboy! (I) we) (did you have oboy! (I) we) (I) which is the same oboy! (I) we have oboy! (I | not view the bad | 192 | | DEGREE ATTENDING PHYSICIAN 229 ADDRESS | death accurred on the di | 22c. DA | the (1) (we) lost the causes stated (TESIGNED |
| shout with | | BURIAL, CREMATION, REMOV | AL 236 DATE | The second second | | EMETERY OR CREMATORY rownsville C | | county sville, Ma | |
| 1-16 25M 5, 4) 1/79 | | UNERAL DIRECTOR NAME TO T. Willia | 100 Pe | terswill ral Home | e Roa | d swick, MdAP | R 26 1981 | Listony NO | Creaty . |

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| | 1. | FOR STATE REGISTRAR | C | PEPARTMENT OF | E OF MARTLAND IEALTH AND MENTAL HYC ICATE OF DEATH | GIENE 8 | 079 | 0 1 |
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| e da se | | CEASED NAME FIRST | Norma MIDDLE J | · R | ACHE L | | 3 - 10-8 | 1 5 HOUR |
| (MAIL) | 3. SE | x Temale | 4. RACE White | 5. DATE O | DAY YEAR | 6. AGE (IN YEARS LAST BIRTH | MONTHS DA | |
| | 70. B | RTHPLACE (STATE OF FOREIGN COUNTRY) | 76 CITIZEN OF WHAT CO | Dec OUNTRY? 8. | . 8 1931 D □ NEVER MARRIED □ | 9. BALTIMORE CITY OR | COUNTY OF DEATH | |
| 11 10 | | W. Va. | U.S.A. | WIDOWI | DIVORCED | Frederick | | O OF BUSINESS |
| Hed w | / | rederick | (IF NOT IN SUCH FACILITY, OF | GIVE STREET ADDRESS) | | type of work for most of Housewife | WORKING LIFET INDUST | |
| filled in ould be for | 136 | | UNTY 13c. CITY | nce before admission) OR TOWN Ne sboro | 13d. INSIDE CITY LIMITS? YES NO | 136. STREET ADDRESS 13673 Harb | augh Churc | h Road |
| 7.28 | 14. F/ | ATHER'S NAME | | LAST | 15. MOTHER'S MAIDEN NA | WE | Ue | rden |
| - / - | 160. \ | Richard VAS DECEASED EVER IN U.S. A | RMED FORCES? 166 SOC | ley IAL SECURITY NO. | Hester 17 INFORMANT | ADDRES | s Box 96 | rden |
| S. Pages | | VES, NO OR UNKNOWN) (IF YES, (| 218- | 20-0375 E | Mrs. Tammy H | aught Bl | ue Ridge S | Summit, |
| signed by the Then please rem ta burial, cremo njury, or ather ti | NO | gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN | | neynge | | MINAL DISEASE OR COND | ITION GIVEN IN PART | 1(o) |
| iene prior | CERTIFICATION | 198 DATE OF OPERATION | 196. CONDITION FOR | R WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? YES NO X | 20b. IF YES, WERE FIN IN CERTIFYING CAUS YES | |
| Mental Hygi Mental Hygi or Hem 18 sh | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN | | NTH DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY | IN ITEM 18 PART 1 OR PART | 2) |
| h and Me | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 210. PLACE OF INJURY (AT HOME, STREET, FACTOR | Y Y, OFFICE, FARM, ETC.) | 21f. LOCATION STREET | CITY OR TOW | OUNTY | STAT |
| far use of Healt | | 22a.l certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did | 4 | 19 50/ 0 | nd that in my (our) opinion | death occurred on the dat | | the couses state |
| detached tate Dept. | | The SIGNATURE | 1 | M. | | MEDICAL STAFF | 4 | TE SIGNED |
| should be deto with the State [IMPORTANT: If | | | busc 4 | | 22e ADDRESS | est s | event | 3 |
| F ™ 3 ≤ | 23a | BURIAL, CREMATION, REMOVA (SPECIFY) Burial | 3/13/1981 | | EMETERY OR CREMATORY Hill Cemetery | 23d LOCATION CITY OR TOWN Wavnesbor | o Frank] | lin Per |
| - 16 30M 2/80 RA 15, 4) | 24 | UNERAL DIRECTOR | | Maynesh | road St. 250 DA | TE REC'D. BY REGISTRAR 2 | | ATURE |

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| | 1. | FOR - STATE REGISTRAR | DEPARTA | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | REG. NO. | 7 9 0 5 |
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| ' | (TYP) | CEASED NAME FIRST E OR PRINT) Willia | Am Edward | RI) Straderder | 3/293 | 29 81 26. HOUR 37 |
| | 3 SE | Male | White | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) 77 YRS. | MONTHS DAYS HOURS MIN. |
| 175 | 7a. В: Ре | ETTITSylvania | 76 CITIZEN OF WHAT COUNTRY? USA | 8. MARRIED NEVER MARRIED WIDOWED DOWNGRED DOWNGRED | 9 BALTIMORE CITY <u>or</u> COUNT Frederic | |
| H Aiffied | I | rederick | Freder Ck. | emorior or other institution | 120 USUAL OCCUPATION | 126. KIND OF BUSINESS OR |
| 486 | 13a T | Maryland 13For | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE | SVI I I I INSIDE CITY LIMITS? | 130. 8999 PORTS Spira | ation Ave. |
| 00 mine | 14. FA | Harry Fr | ranklin Schr | ader Margar | | McDonald |
| medicol | | NAS DECEASED EVER IN U.S. AR YES, NOODUNKNOWN) (IF YES, GI | RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 191-09- | 5271 KxJim Sch | mader Walkers | ville, Md. |
| ury, or other troumoti | Z | Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE IC) CONDITIONS CONTRIBUTING TO I | · obstructive | Disease | Years VEN IN PART 1(0) |
| l sws ony in | CERTIFICATION | 19a, DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | INCERTI | S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES PORTON |
| Hem 18 shows | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH DA | AY YEAR 19 | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) |
| is marked ar | MED | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | | CITY OR TOWN | COUNTY STATE |
| hem 21 | 8 | | ital) attended the deceased from 19 1) view the body after leath. | DEGREE STENDING | death occurred on the date and ha | ur and from the couses stated 22c. DATE SIGNED 3 30 8 |
| MPORTANT: # | | 224 PHOSICIAN'S NAME (TYPE OF | E. Cli | 270 ADDRESS | Toll House | Ave |
| 3 | | BURIAL, CREMATION, REMOVAL | 236. PATE 81 St | Mary s Cemeter | ry Cruction | Green Pat. |

Stauffer Rt. 40 Fred. Md.

BY REGISTRAR 256, GISTRAR'S SIGNATURE

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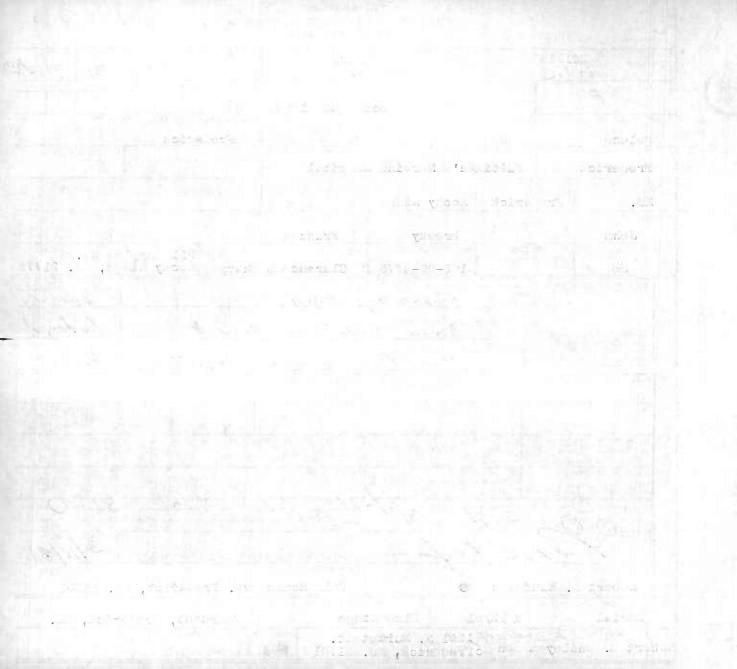
DHMH-16 30M 2/80 (VRA 15, 4) 24 FUNERAL DIRECTOR G. Douglas

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| | 1. | FOR STATE REGISTRAR | DEPARTA | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | GIENE 8 1 0 | 7907 |
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| Mi | (TYP | CEASED NAME FIRST | Wirginia | Jessyd11 | 3 | 26 81 6:00 P M |
| 91 | 3 SE | x Female | Nergo | S. DATE OF BIRTH | | IF UNDER 1 YEAR IF UNDER 24 HRS |
| death. Pa | 1 | RTHPLACE (STATE OR FOREIGN COUNTRY) Varyland | 76. CITIZEN OF WHAT COUNTRY? USA | 8. MARRIED NEVER MARRIED NOW DIVORCED DIVORCED | 9. BALTIMORE CITY <u>OR</u> COUNTY Frederic | |
| by the filed with | F | rederick | Frederick Me | morial Hospital | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOSE OF WORKING LIFE | 12b. KIND OF BUSINESS OR INDUSTRY |
| y filled in should be | 13a | STATE 13b COUN | other institution, give residence before 13c. city or tow derick Freder | ick YES NO 1 | 13. STREET ADDRESS 302 Broadwa | У |
| ompletel 1 and 2 | | Upton | MIDDLE LAST LAST | | MIDDLE | Dorsey |
| be exected and of streets. Pages | (| VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV 10 | MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 214-28 | -5840 Mildred D | aley Freder | |
| that the death certificate do by the attending physical lease remove carbon paper (a), cremation, ar removal. or other traumatic event, the | | PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) | A. NCE OF NCE OF | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| bw requires been signe rmit. Then pl prior to bur any injury, | TATION | PART 2. OTHER SIGNIFICANT OF PLUM 19a DATE OF OPERATION | min not te | DEATH BUT NOT RELATED TO THE TERM METERS OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YES, | , WERE FINDINGS USED |
| The II | AL CERTIFICATION | 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | | 216 HOW INJURY OCCUR | YES NO YES | |
| DING PHYSICIAN: or offending phys After this certifica e as the burial-tra olth and Mental Hy marked or Item 18 | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | 21f LOCATION | CITY OR TOWN | COUNTY STATE |
| ATTEN aspital scror. d for us d for us m 21 is | | sow the deceased alive on obave, (I) (we) (did) (did no | tal) attended the deceased from 3/2 6 19 19 in the bady after death. | | deoth accurred on the date and hour | |
| HOSPITAL OR A ined by the ho FUNERAL DIRE: wid be deforched h the Store Dept ORTANT: if hen | | 226. SIGNATURE | Frizell | DEGREE ATTENDING PHYSICIAN 220 ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 3/2607/ |
| TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the State I. IMPORTANT: # | 770 | Jamo | 3 Friezell | 300 Par | HAM, Fred | levictime |
| BP | 1 | MKXXBurial UNERAL DIRECTOR | 3/30/81 Si | mpson U.M.C.Cem | New Market JE REC'D. BY REGISTRAR 256 AGISTR | Fred. Md. |
| (VRA 15, 4) | G | . Döuglas Sta | uffer Rt.10 SSF | red.Md. APK | 3 1981 Links | y No Creedy |

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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| | ASERSE. | - | | Lloyd | | LIAM | Shive | | DEA | H MATED X | 3 6 | 19 81 | W |
| | A DES | D. SE | BI | ACK | 5. DATE OF BIRTH | YEAR LAST BIRTH | | | | UNCED | MONTH DAY | YEAR | 7236 |
| | A DIRECTOR | | Male STHPLACE ISLANDO | the transfer of the transfer o | 7 14 | | YRS. | | DE O RAIS | AD IMORE CITY OF | 3 9 | 19 81 | Рм |
| 1 | S NECESSAR F FUNERAL D E S FOR YO ED, WITHIN 7 | 100 | MEION COUNTRY) | 1 | | TAT COUNTRY? | MARR WIDOV | IED NEVER MAR | RRIED | rederic | - | | |
| | AY IS NECESSAR DITHE FUNERAL PAGE 5 FOR YO FILED, WITHIN | H, C | faryland | EATH | | PITAL, NURSING HON | E, OR OTH | | 120. USUAL OC | CUPATION (TYPE | OF WORK 12b K | IND OF BUS | INESS |
| | SE FEE PAGE | | Frederick | < | 253 E. | Church Str | | | Account | The state of the s | 111 | S. Gov | |
| | AND | ÜSU | | URSING HOME C | OR OTHER INSTITUTION, GI | VE RESIDENCE BEFORE ADMIS | SION) | 13d INSIDE CITY LIMITS? | | | 10. | S. GOV | |
| | ANY E ANY E AND A RETAIN PROUD HOUND HOUND | 130 | Maryland | Frede | rick | Frederick | | YES NO [| 253 E. | | Street | | |
| M + | MD. M. 3. | 14. F | ATHER'S NAME | | MIDDLE | LAST | | 15. MOTHER'S MAI | DEN NAME | MIDDLE | | LAST | |
| | DEATH M PM AND AND | | Joseph | 201110 | | Shivers | | Mabel | | | Park | er | |
| | S AFTER DEA GIVE PAGES ITH FORM P PAGES I AN IVISION OF | 160 | WAS DECEASED EVE | (IF YES, GIVE | WAR OR DATES) | 16b. SOCIAL SECURI | | 17. INFORMANT | | ADDRESS | | 21014 | |
| | SS AFT GIVE MITH F PAGE DIVISIO | H | Yes | Kore | | 215-32-41 | 93 | Thomas L | Scott, 10 | 9 S.Mair | 1,5t.,B | el Alr | Md. |
| | ON SE., 24 HOUR TEM 1B. ONG W PERMIT. SIENE, D | | PART I DE ATH | WASCALISE | N BV | far (a), (b), and (c).) | i anan'i | -23 am h | | | BE | APPROXIMATE II | AND DEATH |
| | THIN 24 HOU CILL IN ITEM 11 JER ALONG ANSIT PERMIT AL HYGIENE, REMOVAL. | | 4029 | IMMEDIAT | | ontaneous d | | ellar nemo | orrnage | | | | |
| | THIN IN I | | Conditions; if | | (6) | Hypertensi | re Ar | terioscler | rotic Card | diovecon | lan | | |
| | D WITH PENCIL AMINER TRAN ENTAL | | cause (a) statis | ng the under- | < ' ' | AS A CONSEQUENCE | | 001 20 0 0 20 2 | 0010 041 | | isease | | TEL |
| | EXECUTED NG" IN PROCESS OF A BURIAL - A AND MER WATION, C | | lying couse ios | | (c) | | | | THE PERSON NAMED IN | | | | |
| | HALL RECORDS, 201 W. PRESTON ST., BALTMORE, MD. 21201 HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEL NRD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 310 FHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN P USED AS A BURIAL. TRANSIT FERMIT. PAGES 1 AND 2 SHOULD BE OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS. NRIAL, CREMATION, OR REMOVAL. | - | PART 2 OTHER SIGNIFICA | ANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TEN | MINAL DISEAS | E OR CONDITION GIVEN IN | PART Tio. | F. Comment | | | |
| | MEDICAL MEDICAL MEDICAL DAS A BU MEALTH AN MEALTH AN | CERTIFICATION | 190. DATE OF OPE | PATION | TION CONTRIL | TION FOR WHICH OPE | PATIONIV | /AS DEDECIDATED? | | | lan | AUTOPSY? | |
| | SHOULD ORD "PEI OR "FEI OR HE USED A LE USED A | FICA | The ball of orth | NATION . | 178. CONDI | NON FOR WHICH OFE | KAIION | AS PERFORMED! | | | 20 | | |
| | WO BE | E | 210. EXTERNAL CA | USE WAS | 216. TIME OF | | 2Tc. H | OW INJURY OCCUR | RED (ENTER NATURE O | INJURY IN ITEM 18 PA | ART 1 OR PART 2) | YES X | NO [] |
| | S CERTIFICATE SHOU RITING THE WORD" RDED TO THE CHIEF EAS SHOULD BE USE TO EPERARMENT OF HOULD BE USE TO PRIOR TO BURIAL | | UNDERLYING CONTRIBUTING | OR CAUSE OF E | DEATH P.M | MONTH DAY YEA | AR | | | | | | |
| | PRICE TO THE PRICE | MEDICAL | 21d INJURY OCCU | RRED | 2Te PLACE | OF INJURY (AT HOME, | | CATION | CITY OF | | COUNTY | | |
| | HIS C WRIT ARE AGE ATE (| 2 | AT WORK AT | T WHILE C | 3,,,,,,, | Only, France Etc.) | | STREET. | CITTON | IOWN | COUNTY | | STATE |
| | ATE, ORW ORW PE ST IE ST | | 22a. I certify tha | t I taak charg | e of the remains des | cribed abave, held an | Autop | sy X, Inspect | han . Inqu | ry , and | in my apınıan | | |
| | MAN HE | | death resulted fro | ım: Notur | al causes 🗶 . | Accident , S | uicide | , Homicide | . Undetermined | monner X. | | | |
| | WAR WAR | | ACTUAL I | | YAA | | | TITLE (SPECIFY) | . 1 | | DATE 3 | /10/81 | |
| -37 | SE ATT | | SIGNATURE | Maria | - X NOT | an | ^ | Assista | MEDICAL EX | AMINER | SIGNED. | /10/01 | |
| | AED PACE PACE PACE PACE PACE PACE PACE PACE | September 1 | EXAMINER'S NAM | E VI | rainial | Dolan, M. | D. | 1000000 | 1 | II Penn | Street | | |
| | TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I FO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED BATTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, | 23o.E | URIAL, CREMATION | | | 23c. NAME OF CI | | ADDRESS OR CREMATORY | 23d. LOCATIO | | | | |
| | BP | | SPECIFY Cremat | | 3/13/1981 | | | | | hester | Cheste | r Pa | |
| | DHMH - 17 | | UNERAL DIRECTOR | THE PARTY OF THE P | | T - 12 - 2 1 1 - 2 - 2 | | 250. DAT | E REC'D. BY REGIST | RAR 256 REGIS | TRAPESTONA | TURE | |
| | (VR A15 ME (5)) | 7 | arring Fu | neral | Home, P.A. | ,Aberdeen, | Md. 2 | 1001 MAR | 17 1981 | | - | | |

at 'vo' . . . doubte our The state of the s 1 -3 -11 Egometion 3/1 /1981 | Gestle Louge | Sense Descript

Frederick, Maryland

(VRA 15, 4)

STATE OF MARYLAND

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | | | CEKITI | ICATE OF DEATH | REG. N | 0 | | | | |
|---------------|-------------------|-----------------|----------------------------|----------------------------------------|-------------|-------------------------------|----------------------------------------------|-------------|-----------------------|-----------------------------------------|--|--|
| | ECEASED NAME | FIRST | | MIDDLE | | LAST | 20. DATE OF DEATH | | DAY YEAR | 2b. HOUR 20 | | |
| 1,0 | PE OR PRINT | Ada | Ke | ren | SPER | RY | MAR | . 3 | 0 € | 191-1 | | |
| 3. 5 | SEX | | 4 RACE | | 5. DATE O | | 6 AGE (IN YEARS LAST BIR | | IF UNDER I YEAR | | | |
| 1 | Female | | White | | Marc | h 29°, 1885° | 96 | YRS. | MONTHS OATS | HOURS MIN | | |
| 70. | BIRTHPLACE (STATE | OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | |
| 1 | Maryl | | U.S. | | WIDOWE | DIVORCED | Frederick County | | | | | |
| 10. | CITY OR TOWN OF | DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION S PRIVATE OF BUSINESS O | | | | | |
| | rederick | | | | | Con. Center | Pres. | | Sales | s Inc. | | |
| 130 | STATE | 13b COU | NTY | GIVE RESIDENCE BEFORE | N | 13d. INSIDE CITY LIMITS? | 13e, STREET ADDRESS | | | | | |
| - | laryland | Fred | lerick | Emmitsbu | rg | YES NO | S. Seton | Ave. | | | | |
| | FATHER'S NAME | | WIDDLE | LAST | | FIRST | WIDDLE | | | AST | | |
| 1 | John | | - | ollinger | | Keziah | ADDR | | eman | | | |
| 160 | WAS DECEASED E | | E WAR OR DATES) | | | | | | 2172 | • | | |
| | No | | | 218-30-9 | 231 | John S. Holl | inger Derau | T Dr. | | sburg, Mo | | |
| H | underlying c | | (c) | PASA CONSEQUE | none | NOT RELATED TO THE TERM | AIN AL DISEASE OR CON | DITION GIV | /EN IN PART 1 | (a) | | |
| CERTIFICATION | 19a DATE OF OP | ERATION | 19b. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERTIF | S, WERE FINDI | S OF DEATH? | | |
| ERT | 21a. ACCIDENT WA | SUNDERLYING [| 7 21b. TIME O | FINJURY | | 21c. HOW INJURY OCCUR | YES NO | | S C PART 1 OR PART 2) | NO [| | |
| | OR CONTRIBUTING | CAUSE OF DE | AIR | M. MONTH DA | YEAR | EVENT ASSESSMENT | | | | | | |
| MEDICAL | 21d. INJURY OCH | OT WHILE | 21e PLACE (AT HOME, STI | OF INJURY REET, FACTORY, OFFICE, FA | ARM, ETC.) | 21f. LOCATION STREET | CITY OR TO | NN | COUNTY | STATE | | |
| | saw the de | ceased alive pr | | 19_2 | 16- | nd that in (my) (owy) apinion | death occurred on the d | pte and hou | | , that (I) (we) last e causes stated | | |
| 2 | 22b. SIGNATURE | | Long | to an | , | DEGREE ATTENDING PHYSICIAN Y | MEDICAL STA | | 3/2 | E SIGNED | | |
| | 22d. PHYSICIAN | | | | | 22e. ADDRESS | | | 1-1- | 21751 | | |
| | GILCIA | J7,1 | nead | ors. In | MO | 1810 TOUK | touse Ave | Fre | DERICE | E, MO. | | |
| 23a | BURIAL, CREMATI | ON, REMOVAL | 23b. DATE | 23c. N | AME OF C | EMETERY OR CREMATORY | 23d. LOCATION | 1000 | | | | |

BP.

OR ATTENDING

retained by the haspital HOSPITAL

24. FUNERAL DIRECTOR DHMH-16 50M 7/77 (VR A 15 (4)) NAME Skiles Funeral Home

Burial

April

2,81

Emmitsburg, Md. 21727

Emmitsburg Memorial

Emmitsburg, Frederick,
BY REGISTRAR 256 REGISTRAR'S SIGNATURE Emmitsburg. 250. DATE REC'D

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may be

| | 1. | FOR - STATE REGISTRAR | | DEPARTA | MENT OF H | OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH | HYGI | REG. NO | 0 7 | 7 | 1 3 |
|-------------------------------------|---------------|-----------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------|------------------------|-----------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------|-----------------------|------------|-----------------|
| | | CEASED NAME FIRST | | MIDDLE | | AST | | 20. DATE OF DEATH | AONTH DAY | YEAR | 2b. HOUR |
| | (TIPE | Sister | Rosali | a Stantor | 1 | | | March 27, | 1981 | | 4:45 PM |
| | 3. SE | Х | 4 RACE | 81111 | 5. DATE O | | | 6 AGE (IN YEARS LAST BIRTH | DAY) IF UND | DAYS | IF UNDER 24 HRS |
| | | Female | Whit | е | Sept | . 19, 1892 | | 88 | YRS | DATS | HOURS MIN |
| oue Co | | HRTHPLACE (STATE OR FOREIGN COUNTRY) | U.S.A | WHAT COUNTRY? | 8 MARRIEI WIDOWE | NEVER MARRIED DIVORCED | ÖÖ 🗆 | Prederick | COUNTY OF DI | EATH | MD. |
| 15 | - | mitsburg | (IF NOT IN SUC | H FACILITY, GIVE STREET | ADDRESS) | mitsburg, Mo | d. | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF NUTS & | WORKING LIFE) IN | DUSTRY | of Chari |
| A September | 13a. | AL RESIDENCE (IF NURSING HOME OF STATE 136 COURT Free | | GIVE RESIDENCE BEFORE 130 CITY OR TOW Emmitsbu | N I | 13d INSIDE CITY LIMITS | s? | 13e. STREET ADDRESS 333 S. Set | | | |
| 00 | 14. F | ATHER'S NAME Denis Stanton | WIDDLE | LAST | | 15 MOTHER'S MAIDEN FIRST Mary O'N | | MIDDLE MIDDLE | | LAST | |
| medicol | | WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1F YES, GIV | MED FORCES? E WAR OR DATES) | 579-66-6 | | 17 INFORMANT | | e-Villa St. | | E | burg. |
| ws any injury, ar other traumatic e | CERTIFICATION | Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost | DUE TO, O | | ENCE OF DEATH BUT | A-S-C NOT RELATED TO THE T | TERMI | RMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF D | | | |
| 9 Pm 18 sh | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | M. MONTH D | AY YEAR | 21¢ HOW INJURY OC | CURR | ED (ENTER NATURE OF INJUR | IN ITEM 18, PART 1 OF | PART 2) | |
| rked or It | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE (AT HOME, STI | OF INJURY REET, FACTORY, OFFICE, F | FARM, ETC.) | 211 LOCATION STREET | | CITY OR TOW | N CO | UNTY | STATE |
| n 21 is ma | | 22a. I certify that (I) (this hasp sow the deceased alive or above, (I) (a) (d) (did no | | 19_ | | d that in (my) (our) apir | nion c | , to death occurred on the do | te and hour and | from the o | |
| LT. If them | | 22b. SIGNATURE | | quisl | 11 | | | MEDICAL STAFF MEDICAL STAFF Mar. 2 | | | 27,1981 |
| MPORTANT | | 22d. PHYSICIAN'S NAME (TYPE OF Alan Carrol) | | | | | | e. Emmitsbu | rg, Md. | 2172 | 7 |
| ≤ | 23a | BURIAL, CREMATION, REMOVAL (SPECIFY). Burial | Mar.3 | | NAME OF C | eph's | ORY | Emmitsbur | | | |
| 77 | 24 F | UNERAL DIRECTOR Skiles Funeral | Home | Emmitsbu | arg, M | id. 21727 | PF | REC'D. BY REGISTRAR | Sb. REGISTRAR'S | | |

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

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| . The Ha | | - Marya | a Irtao la | | | |
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| 11, 21, 41 | | | | | | |

| | STATE OF MARYLAND |
|---------|------------------------------|
| FOR | DEPARTMENT OF HEALTH AND MEN |
| - STATE | CEPTIFICATE OF DEA |

24. FUNERAL DIRECTOR NAME Olin L. Molesworth, P. A., Damascus, Md.

NTAL HYGIENE 8

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

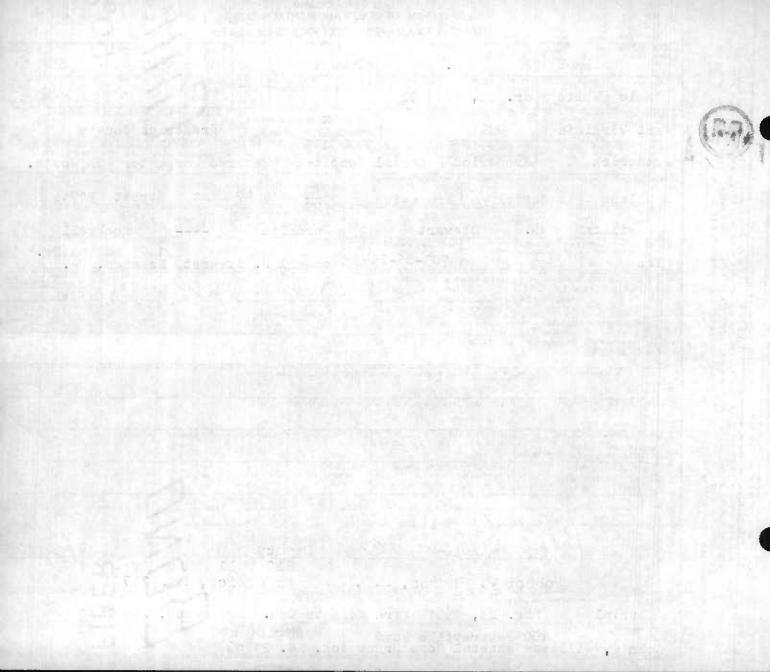
| REGISTRAR | | CENTIL | ICATE OF DEATH | REG. NO |). | | | |
|------------------------------------------------------|-----------------------------|----------------------------|--------------------------------|-----------------------------------------|---------------------------|---------------------------------------------|--|--|
| I DECEASED NAME FIRST | MIDDLE | | LAST | 20 DATE OF DEATH | MONTH DAY YE | EAR 2b. HOUR | | |
| (TYPE OR PRINT) Ju | lia Fra | ncis ST | ARTT | Marc | h 4, 1981 | 8:00A M | | |
| 3 SEX | 4 RACE | 5. DATE | OF BIRTH | 6. AGE (IN YEARS LAST BIRT | | | | |
| Female | White | | n.27,1904 YEAR | 77 | YRS. | DAYS HOURS MIN. | | |
| TO BIRTHPLACE (STATE OF FOREIGN | 76. CITIZEN OF WHA | COUNTRY? 8 | - D MENER WARRIED D | 9 BALTIMORE CITY OF | COUNTY OF DEA | TH | | |
| Maryland | U.S | .A. WIDOW | DINEVER MARRIED DIVORCED | Freder | ick Co., | MD | | |
| 10 CITY OR TOWN OF DEATH | | | OR OTHER INSTITUTION | 12a USUAL OCCUPATION 12b. KIND OF BUSIN | | | | |
| Frederick | 1421 T | aney Ave., | | Bookkeeper Insurance | | | | |
| USUAL RESIDENCE (IF NURSING HON 13a STATE 13b. CO | DUNTY 13c. (| CITY OR TOWN | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | | | | |
| Maryland Fre | derick F | rederick | YES 🔀 NO | 1421 Tan | ey Ave., | Apt. 611 | | |
| 14 FATHER'S NAME | WIDDLE | LAST | 15 MOTHER'S MAIDEN NA | WE | | LAST | | |
| Charles | | Wolfe | Claudi | | Sm | ith | | |
| 160 WAS DECEASED EVER IN U.S. | | SOCIAL SECURITY NO. | 17 INFORMANT | ADDRES | SS S | 7 617 | | |
| | GIVE WAR OR DATEST | 6-01-5574 | Pauline Gru | bbs, Ijamsv | ville, Md. | 21754 | | |
| 18. CAUSE OF DEATH (Ente | r only one cause per line f | ar (a), (b), and (c),) | | CENTRIC COLOR | A BET | PPROXIMATE INTERVAL WEEN ONSET AND DEATH | | |
| PART I. DEATH WAS CA | USED BY: | | c Arrest | | | | | |
| IMMED | DIATE CAUSE (a) | Jarara | 0 4.11034 | | | | | |
| 4140 | DUE TO, OR AS | A CONSEQUENCE OF | | | | | | |
| Conditions, if any, which | | | | | | | | |
| gave rise to immediate couse (a), stating the | | A CONSEQUENCE OF | | | Carlotte In | | | |
| underlying cause last | : () | A CONSEGUENCE OF | | A | | | | |
| DART 2 OTHER SICKIELCAL | NT CONDITIONS CONTR | IDUTING TO DEATH BUT | NOT RELATED TO THE TERM | INIAL DISEASE OF COND | NITION CIVEN IN BA | PT 1(a) | | |
| | * DE | 1 DEATH BOTT | I NOT KELATED TO THE TERM | WAL DISEASE OR COND | IIIOIA QIAEIA IIA FA | KI I(U) | | |
| 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | my HOM | o, un | was, got | N | Tan investigations | | | |
| 5 190 DATE OF OPERATION | 196 CONDITION | FOR WHICH OPERATIO | ON WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE F | | | |
| | | | | YES NO | YES 🗌 | NO 🗆 | | |
| 210. ACCIDENT WAS UNDERLYING | | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM IB PART I OR PA | ART 2) | | |
| OR CONTRACTOR TO CAUCE OF | DEATH | MONTH DAY YEAR | | | | | | |
| (IF EITHER, NOTIFY MEDICAL EXAM | | 19 | AV LOCATION | | 41 F F F F F F F F | | | |
| 21d. INJURY OCCURRED | 21e PLACE OF IN | CTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOV | wn coun | STATE | | |
| AT WORK AT WORK | | | | | | , | | |
| 22a. I cerlify that (1) (this h | 1 4 1 1 | eosed from | 19/19 | | 4 1904 | , that (I) (we) last | | |
| saw the deceased alive | d not) view the body after | death 19 4, 0 | and that in (my) (our) apinion | deoth accurred an the da | te and hour and fra | m the couses stated | | |
| 226 SIGNATURE | a not view the body differ | deam. | DEGREE | | 22c. | DATE SIGNED | | |
| 7 | 4 | | ATTENDING | MEDICAL STAF | | 11/04 | | |
| 201 DUNCICIANUS NA ATT | Bush | | PHYSICIAN [| DIRECTOR PHYSIC | IAN L | 1/4/81 | | |
| 22d. PHYSICIAN'S NAME (T | | | | G4 10 3 | 1.1 161 | | | |
| Thomas E. | Stone, M.D | • | 4 W.Third | St., Freder | ick, Md. | | | |
| 23a. BURIAL, CREMATION, REMO | VAL 236. DATE | 23c. NAME OF | CEMETERY OR CREMATORY | 23d. LOCATION | | | | |
| (SPECIFY) Burial | Mar 7 10 | | . Olivet | CITY OR TOWN | county Man | STATE | | |

DHMH-16 30M 2/80 (VRA 15, 4)

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entres 18.4 decrees A property of the second enimise villa lines ave., co. 11 contracte description THE Light Land court for the court of the co The same of the sa The man was made to the water of the water o j-o-L Madella Andrew Company of Contract of the Cont 3/2,01 heal out selected forth to the latter.

| a | 1 | | STATE OF MARYLAND | 9 1 5 |
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| 1 | 1- | FOR STATE | DEPARTMENT OF HEALTH AND MENTAL HYGIENE | |
| | 7.05 | REGISTRAR CEASED NAME FIRST | MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | |
| | | PE OR PRINT) | OF ESTI. | 20 81 25 HOUR |
| ASE OR. URS URS | | LEROY | TI- DIEWARI | 19 0 5 M |
| PLE R FIN HOH | 3. SE | Male White | S DATE OF BIRTH AND THE STREET OF BIRTH AND | 20 1981 32 M |
| 1000 | 7a. B | IRTHPLACE (STATE OR | Th CITIZEN OF WHAT COUNTRY? | |
| O CRANI | W | est Virginia | USA WIDOWED DIVORCED Frederick Cou. | nty MD. |
| | | rederick | II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOME HOME, OR OTHER INSTITUTION III. NAME OF HOME HOME HOME HOME HOME HOME HOME HOME | OR INDUSTRY US Gov't. |
| 80 E N D | USU | AL RESIDENCE (IF IN NURSING HOME | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | |
| S ANA S | 2.0 | aryland Fre | NTY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13c. STREET ADDRESS 47 East B Street 48 East B Stre | 21716 |
| MD. 2 S. 1, 2. PM. 3 VD 2 S VD 2 S | 14. F. | ATHER'S NAME | MIDDLE LAST FIRST MIDDLE MIDDLE | LAST |
| DO FATH | | William | R. Stewart Cordelia Roc | kwell |
| RS AFTER DE GIVE PAGE: WITH FORM WITH SORN DIVISION OF | 0 | | E WAR OR DATES) 1803 AS | hton Dr. |
| URS AFT B. GIVE WITH P | | Yes WW | Wendell M. Stewart Lebanon | Pa |
| | | PART I DEATH WAS CAUS | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| TON ST. V 24 HG ALONG PERMIT P | | 4299 IMMEDI | (DUE TO, OR AS A CONSEQUENCE OF | 100 |
| S = Z = Z | | Canditions, if any, which | | |
| 2 2 3 2 7 3 | | gave rise to immediate cause (a) stating the unde | | |
| OR A EX TO | | lying cause last. | (c) | |
| LRECORDS, 3 OULD BE EXEC "PENDING" FEF MEDICAL SED AS A BUT SED AS A BUT SED AS A BUT CREMATION, | | PART 2 OTHER SIGNIFICANT CONDITION | S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | |
| ECORDS, O BE EXECTED BE EXECTED BE EXECTED BE AS A BUTH ANY MATION | NO | | | |
| OF VITAL RECORDS, ATE SHOULD BE EXER E WORD "PENDING" THE CHIEF MEDICA THE CHIEF AEDICA THO FHEATH AN IND BE USED AS A B MENT OF HEATH AN IBURIAL, CREMATION | MEDICAL CERTIFICATION | 190. DATE OF OPERATION | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20 AUTOPSY? |
| ▲ 무용품취등광소 | } Ē | TEMPORE STORY | | YES NO D |
| CERTIFICATE SHATING THE WORR DED TO THE CF 3 SHOULD BE U DEPARTMENT O PRIOR TO BURIAL | CE | 210 EXTERNAL CAUSE WAS | 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR | 2) |
| ION TIFIC TO HOU HOU HOU | S | UNDERLYING OR CONTRIBUTING CAUSE OF | | |
| DIVISION S CERTIFIC RITING TH RDED TO E 3 SHOUL E DEPART | MED | 214. INJURY OCCURRED WHILE NOT WHILE | 216. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUN | ITY STATE |
| DIVIS THIS CER WRITING WARDED AGE 3 TATE DEF | - | AT WORK AT WORK | | |
| TE, P | 18 | 22a. Fcertify that I took cha | rge of the remains described above, held an Autapsy 🔲, Inspection 🔲, Inquiry 🔲, and in my apir | nian |
| EXAMINE CERTIFICA ILD BE FO DIRECTOR WITH THE WARYLAND, | 1 | death resulted fram: Nat | ural causes , Accident , Suicide , Hamicide , Undetermined manner , | |
| EXAM CERTI UID B DIREC WITH | | ACTUAL M | TITLE (SPECIFY) DATE | 71. 101 |
| MEDICAL EXA ECUTE THE CER GE 4 SHOULD FUNERAL DIR TIMORE, MARY | - | SIGNATURE | M.D. DEDUCY MEDICAL EXAMINER SIGNED | 1/20/81 |
| O H 4 N O O | | EXAMINER'S NAME | 812 Toll House Ave. | |
| TO ME EXECU PAGE TO FU | | (TYPE OR PRINT)RC | bert J. Thomas, M.D. ADDRESS Frederick, Md. 21701 | |
| D Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z | 23o. E | SURIAL, CREMATION, REMOVAL | CITY OF LOWN | |
| BP | 24.5 | Burial | Mar. 23, 1981 Park Heights Cem. Brunswick, Maryla | and Mature |
| DHMH · 17 (VR A15 ME (5)) | 24. 1 | NAME | 100 Petersville Road ams Funeral Home Brunswick, Nd. 21716 | 7 |
| 15M 7/76 | | John T. Willia | ams Funeral Home Brunswick, Md. 21716 | |



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| | 1. | FOR - STATE REGISTRAR | DEPARTM | STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | GIENE 8 1 0 2 | 7917 |
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| 7.1 | (TYP | CEASED NAME FIRELI | 1 trene | Webber | 20. DATE OF DEATH MONTH DA | -818:05% |
| (14) | 3. SE | × Female | White | S. DATE OF BIRTH AMONTHIL 15, 1903 | | FUNDER 1 YEAR IF UNDER 24 HRS |
| 86 | 70. 8 W | RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia | 76 CITIZEN OF WHAT COUNTRY? USA | 8. MARRIED NEVER MARRIED WIDOWED NOVEL DIVORCED | BALTIMORE CITY OR COUNTY OF Frederick Co | |
| S THE S SHEET | | Frederick | 11. NAME OF HOSPITAL, NURSING LEPOT IN SUCH FACILITY, GIVE STREET A Frederick Hem | G HOME OR OTHER INSTITUTION DDRESS) Orial Hospital | 12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker | 126. KIND OF BUSINESS OR INDUSTRY Own Home |
| 2 0 0 | 130 M | | other institution, give residence before NTY 132 CITY OR TOWN erick Knoxvil | | 136. STREET ADDRESS 256 Knoxville | Road 21758 |
| ete ete | 14. F/ | Humphrey | MIODIE Wiltshir | e Annie | MIDDLE | aubs |
| n and cample. Pages I and | | WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECUR | | ber Brunswick. | enue |
| ng physicia banpapers removal. c event, the | | PART I. DEATH WAS CAUSE | ly ane cause per line for (a), (b), and D BY: [E CAUSE (a) | arcinoma Col | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| by the attendi | | Conditions, if ony, which gove rise to immediate couse (a), storing the underlying cause last. | DUE TO, OR AS A CONSEQUE | | | |
| n signed Then plec | ATION | PART 2. OTHER SIGNIFICANT (| CONDITIONS CONTRIBUTING TO D | EATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION GIVEN | V IN PART 1(0) |
| prio prio | 13 | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH O | OPERATION WAS PERFORMED | | WERE FINDINGS USED |

CERTIFI NO YES NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 19 21f. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (IV)(this haspital) attended the deceased from

(aur) opinion death occurred on the date and hour and from the causes stated

DEGREE ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR | PHYSICIAN |

22e. ADDRESS

STATE

Conard 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) CITY OR TOWN COUNTY NOXVILLE Maryland Burial Knoxville

Retersville Road Home Brunswick, John T. Williams

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

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| | 1. | FOR STATE REGISTRAR | | | | ARTMENT | OF HE | OF MARYLAND ALTH AND MENTAL HYGI CATE OF DEATH | REG. NO | | 7 9 | 1 6 |
|------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------|-----------------|-------------------------------|--------------------------------|---------------|--------|------------------------------------------------------|--------------------------------------------------|-------------------|-------------------|---------------------------|
| deoth | | CEASED NAME FOR PRINT) Si | ster I | Roberti | ine Wei | den | LAS | ν1 | March 25, | | DAY YEAR | 26 HOUR 12:55p, |
| s offerd | 3. SE | Female | | RACE White | | De | ATE OF | DAY YEAR | 6 AGE (IN YEARS LAST BIRT | YRS | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN |
| (M) | Ne | IRTHPLACE STATE OR FOR OUNTRY) WYORK ITY OR TOWN OF DEAT | | U.S.A. | | WID | OWED | □ NEVER MARRIED ♣ □ DIVORCED □ OTHER INSTITUTION | 9 BALTIMORE CITY O Frederic | rick | | MI MI |
| 16 | Emr | nitsburg | V: | illa St | HEACHITY, GIVES | ael, | Emm | itsburg, Md. | (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY | | | of Char: |
| Shoold be | 130 5 | Md. | Frede: | 1 | Emmits | town burg | | 3d. INSIDE CITY LIMITS? YES NO | 333 S. Set | on Av | enue | |
| 1 and 2 sh | (| Charles Rob | | eiden | LAST | | | S MOTHER'S MAIDEN NAM FIRST Josephine We | MIDDIE | 22 | lA! | ST |
| rs. Poges | 16a V | NAS DECEASED EVER IN YES, NO OR UNKNOWN) NO | (IF YES, GIVE W | | 220-44 | | | Sr. Josephine | | | | itsburg |
| Then please remave ca ta burial, cremation, ai njury, or other traumat | NO | Conditions, if pny, gove rise to imme couse (a), storing underlying couse | the lost | (c) | R AS A CONSI | EOUENCE | OF | IOT RELATED TO THE TERMI | INAL DISEASE OR CON | DITION GI | VEN IN PART 1 | 0) |
| ows any | CERTIFICATION | 19a DATE OF OPERATE | ON | 19b. CONDI | TION FOR WI | HICH OPER | RATION | WASPERFORMED | 200 AUTOPSY? | IN CERTI | S, WERE FINDI | |
| ventol Hygi | MEDICAL CER | 21a ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL | USE OF DEATH | Ρ. | m. MONTH M. | DAY Y | 19 | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJUI | RY IN ITEM 18, | PART 1 OR PART 2) | |
| os the br | WED | 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK | LE C | 21e. PLACE ((AT HOME, STR | OF INJURY REET, FACTORY, OF | FICE, FARM, E | | 21f. LOCATION STREET | CITY OR TOV | ٧N | COUNTY | STATE |
| d for use t, of Heal n 21 is m | | sow the deceased obove, (1) I've (die | | | | om | | that in (my) (our) opinion d | deoth occurred on the de | ote and ho | | |
| State Dep | | 226. SIGNATURE | enge | The | Lami | X | 17 | ATTENDING PHYSICIAN 226 ADDRESS | MEDICAL STAI DIRECTOR PHYSIC | | | 25,1981 |
| should be de with the Stot | | George L. | Morn | ingstar | | | .0 | S. Seton Av | | rg, M | ld. 2172 | 27 |
| | | BURIAL, CREMATION, R (SPECIFY) Burial | | 236. DATE Mar. 28 | | | | metery or crematory | 23d LOCATION CITY OF TOWN Emmitsbur | | | |
| 60M 7/77 5 (4)) | | uneral director kiles Funer | al Ho | me Emm | ADDRES itsburg | g, Md | . 2 | | DEAD, BY TEUS RAR | 751 REGIS | Ikar 2 2 IGMA | URE |
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DHMH-16 25M (VRA 15, 4) 1/79

| | FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. | | | | | | |
|---|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--|--|
| | T DECEASED NAME FIRST (TYPE OR PRINT) Heler | G. | ZIMMERMAN | March 11, | 1981 12:40 | | |
| | Female | White | May 4 DAY 189 | 6 AGE IN YEARS LAST BIRTHDAY | WONTHS DAYS HOURS MIN | | |
| 5 | 7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | U.S.A. | MARRIED LI NEVER MARRI | Frederick | | | |
| 1 | Frederick 111 College | | Avenue | | 126 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING UFEL INDUSTRY Self-employed Florist | | |
|) | | NTY 13c CITY OR 1 | TOWN 134 INSIDE CITY LIV PECK YES TO NO | □ 111 College | Avenue | | |
| 1 | Samuel | J. Gitting | | garet | Brunner | | |
| | 160 WAS DECEASED EVER IN U.S. AI 1YES, NO ORUNKNOWN) IF YES, GO | W 11114 AB A 1 17741 | SECURITY NO ME FORMANT COLLEGE | ancis S. Galther Avenue, Freder | rick, Md. 21701 | | |
| | Conditions, if any, which gave rise to immediate cause to stating the underlying cause last | DUE TO, OR AS A CONSE | e prone of | a cadet | I GIVEN IN PART 1(a) | | |
| 2 | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WE | HICH OPERATION WAS PERFORMED | | FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO | | |
| | OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH | DAY YEAR | OCCURRED (ENTER NATURE OF INJURY IN ITEM | 4 18, PART 1 OR PART 2) | | |
| | ZIM INJURY OCCURRED WHILE ONT WHILE OF AT WORK | 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF | FICE, FARM, ETC.] | CITY OR TOWN | COUNTY STATE | | |
| | saw the deceased alive a above, (II (we)Told) idid no 22% SIGNATURE 224. PHYSICIAN'S NAME ITYPE. Dr. A. Aus | or Printi | DEGREE ATTEN PHYSI 220 ADDRESS 804 To | opinion death accurred on the date and DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN 11 House Ave., F. | 3/13/8/ | | |
| | 236 BURIAL, CREMATION, REMOVE (SPECIFY) Burial | | 981 Mt.Olivet | Cem. Frederick | Frederick Md. | | |

STATE OF MARYLAND

All produces desired, the salvell' bankloments emeva spello for determine county V. Cirilager 1 regularity V. Cirilager to feeder to the transfer of the total and t